



Texas Medical Foundation

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NOTICE OF INDEPENDENT REVIEW DECISION

November 13, 2003

Requestor

Robert Johnson, MD
Attn: Lisa Mendiola
4410 Medical Dr., #610
San Antonio, TX 78229

Respondent

TML Governmental Risk Pool
Attn: HubertoCastillano
Fax #: 412-1399

RE: Injured Worker:
MDR Tracking #: M2-04-0276-01-SS
IRO Certificate #: IRO4326

The Texas Medical Foundation (TMF) has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to TMF for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

TMF has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a TMF physician reviewer who is board certified in Orthopedic Surgery which is the same specialty as the treating physician. The TMF physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to TMF for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This patient sustained a cervical injury on _____ from a motor vehicle accident in her job as a police officer. An MRI dated 05/19/03 revealed moderate posterior central disc protrusion at C6-7. Electrodiagnostic testing results performed on 08/30/01 were consistent with cervical radiculopathy at the C7 nerve. Treatment has consisted only of Zanaflex and bedrest. The patient has not attended physical therapy and refused injections.

Requested Service(s)

C6-7 anterior cervical discectomy and fusion with Stim-loc plating and VG2™ tricortical patellar wedge

Decision

It is determined that the proposed C6-7 anterior cervical discectomy and fusion with Stim-loc plating and VG2™ tricortical patellar wedge is medically necessary to treat this patient's condition.

Rationale/Basis for Decision

This patient has a history comparable with cervical spine injury. She has symptoms suggestive of cervical disc disease, documented physical findings, and positive MRI and electromyography testing. Without a surgical procedure, it is highly unlikely that she will be able to resume her prior employment level of activity; however, performing this procedure could help her to return to her pre-injury activity level. Therefore, it is determined that the proposed C6-7 anterior cervical discectomy and fusion with Stim-loc plating and VG2™ tricortical patellar wedge is medically necessary.

This decision by the IRO is deemed to be a TWCC decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) calendar days of your receipt of this decision (28 Tex. Admin. Code 142.5 (c)).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) calendar days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.5(d)). A request for hearing and a **copy of this decision** must be sent to: Chief Clerk of Proceedings/Appeals Clerk, Texas Workers' Compensation Commission, P.O. Box 17787, Austin, Texas, 78744, Fax: 512-804-4011.

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in this dispute.

Sincerely,

Gordon B. Strom, Jr., MD
Director of Medical Assessment

GBS:dm

cc: Program Administrator, Medical Review Division, TWCC

In accordance with Commission Rule 102.4 (h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 13th day of November, 2003.

Signature of IRO Employee:

Printed Name of IRO Employee: