

November 4, 2004

CORRECTED REPORT
Corrected TWCC #

Re: MDR #: M2-05-0078-01-SS
IRO #: 5055

Dear ____

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to ____ for an independent review. ____ has performed an independent review of the medical records to determine medical necessity. In performing this review, ____ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the Secretary and General of ____ and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this care for determination prior to referral to the Independent Review Organization.

Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is Board Certified in Spine Surgery and is currently listed on the TWCC Approved Doctor List.

REVIEWER'S REPORT

Information Provided for Review:

TWCC-60, Table of Disputed Services, EOB's

Information provided by Respondent:

- Correspondence 09/30, 08/04/04 & 10/30/03
- Publication
- Impairment ratings 10/09/03, 01/29 & 07/13/04
- Independent medical evaluation & addendum 03/27/03 & 05/15/03

Information provided by Treating Doctor:

- Office notes 02/05/02 – 01/14/04
- FCE's 02/14/02 – 01/14/04
- Nerve conduction studies 02/07/02 – 11/08/02
- Operative reports 06/18/02 – 04/14/03
- Radiology reports 02/06/02 – 03/26/03

Information provided by Pain Management Specialist:

- Office notes 11/20/02 – 12/19/02
- Operative report 12/09/02

Information provided by Orthopedic Surgeon:

- Office notes 03/19/03 – 06/11/03

Information provided by Spine Surgeon:

- Office not 10/11/02

Information provided by Chiropractor:

- Office note 10/02/03

Information provided by different Orthopedic Surgeon:

- Office note 12/16/03
- Operative report 12/16/03

Information provided by Neurosurgeon:

- History & physical exam & neurological exam 02/12/04
- Office notes 03/25/04 – 09/07/04
- Operative report 04/08/04
- Cervical MRI 03/17/04
- Cervical – 3 views 03/23/04
- CT cervical myelogram 08/26/04

Clinical History:

The patient is a 53-year-old woman with a chief complaint of neck pain and bilateral upper extremity numbness alternating with pain that radiates into the upper extremities as well. The patient has been treated extensively with non-operative measures, including physical therapy. Additionally, the patient has had multiple epidural steroid injections all with persistence of her symptoms.

Report of a cervical MRI scan dated March 17, 2004 reveals spinal canal stenosis, greatest at C6/C7 with a 9-mm canal at that level. There is a 10-mm canal at the C5/C6 level. I have report of a myelogram and a CAT scan of the cervical spine dated August 26, 2004 with findings of degenerative changes at multiple levels. There is spinal canal stenosis present at both C5/C6 and C6/C7 with a decrease in canal diameter of 9 mm at those levels. A clinic note from a treating neurosurgeon dated June 24, 2004 documents findings on examination of hyperactive reflexes consistent with myelopathy. This neurosurgeon's note on September 7, 2004 revealed an examination of the patient again with increased deep tendon reflexes in the lower extremities.

Disputed Services:

Anterior cervical discectomy and fusion with cages at C 6-7.

Decision:

The reviewer disagrees with the determination of the insurance carrier and is of the opinion that the procedure in dispute as stated above is medically necessary in this case.

Rationale:

Certainly, this patient has adequately been treated non-operatively for her neck symptoms all with persistence of the symptoms. The patient has objective signs, symptoms, and radiographically confirmed symptomatic cervical stenosis with myelopathy, and treatment with decompression and fusion is medically necessary. The treating surgeon, upon review of the films (which were not available for review), would feel that C6/C7 needs to be surgically addressed.

Additional Comments:

Based on the myelogram and CAT scan dated August 2004, the C5/C6 level may also be stenotic and may need to be addressed.

We are simultaneously forwarding copies of this report to the payor and the Texas Workers' Compensation Commission. This decision by ___ is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of this 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 ten (10) days** of your receipt of this decision (28 Tex. Admin. Code 142.5©).

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 twenty (20) days** of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you **five (5) days** after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5 (d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings
Texas Workers' Compensation Commission, MS-48
7551 Metro Center Dr., Ste. 100
Austin, TX 78744-1609

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

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 November 4, 2004.

Sincerely,