

October 21, 2004

ROSALINDA LOPEZ
TEXAS WORKERS COMP. COMISSION
AUSTIN, TX 78744-1609

CLAIMANT:

EMPLOYEE:

POLICY: M2-05-0207-01

CLIENT TRACKING NUMBER: M2-05-0207-01 // 5278

Medical Review Institute of America (MRIOA) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO). The Texas Workers Compensation Commission has assigned the above mentioned case to MRIOA for independent review in accordance with TWCC Rule 133 which provides for medical dispute resolution by an IRO.

MRIOA has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed. Itemization of this information will follow.

The independent review was performed by a peer of the treating provider for this patient. The reviewer in this case is on the TWCC approved doctor list (ADL). The reviewer has signed a statement indicating they have no known conflicts of interest existing between themselves and the treating doctors/providers for the patient in question or any of the doctors/providers who reviewed the case prior to the referral to MRIOA for independent review.

Records Received:

Records from TWCC:

- Notification of IRO Assignment, dated 10/7/04
- Duplicates - 12 pages

Records from Dr. S, MD:

- Return patient visit note, dated 8/19/04
- Initial exam, dated 5/26/04
- Texas Workers' Compensation Work Status Report, dated 8/19/04, 8/26/04
- Prescriptions, dated 5/26/04 (x2), 8/20/04
- CT of the cervical spine, dated 3/18/04
- EMG/NCS Report, dated 7/23/04
- Notes of Dr. S, dated 8/19/04
- Preauthorization request, dated 8/20/04, 9/1/04
- Genex Texas Outpatient Non-Authorization Recommendation, dated 8/25/04, 9/13/04

- Request for Reconsideration from Dr. S, dated 8/26/04

Records from Old Republic Insurance Company:

- Texas Workers' Compensation Work Status Reports,
- Return patient visit note by Dr. S, dated 8/19/04
- Progress note/EMG Consult, dated 7/21/04
- EMG/NCS Study Report, dated 7/23/04
- Exam by Dr. D, DO, dated 4/1/04, 3/1/04, 12/8/03
- Preadmission H&P by Dr. L, MD, dated 7/22/03
- Independent Medical Examination, dated 3/4/04
- CT of the Cervical Spine, dated 3/18/04
- Academy Rehab Center Daily Treatment Record, dated 12/4/03-2/23/04
- Daily Exercise Log, dated 12/8/03-1/23/04
- Single lateral view of Cervical Spine, dated 9/3/03
- Initial Eval by Dr. H, DC, dated 11/7/03
- Consultation, dated 11/19/03
- Rehab Solutions DME Prescriptions, dated 9/8/03
- Operative report by Dr. G, MD, dated 7/22/03
- Consultation by Dr. G, dated 4/21/03
- New patient exam by Dr. G, dated 9/19/01
- Cortek, Inc Delivered Order Form, dated 7/22/03
- Lateral Cervical Spine radiology report, dated 7/22/03
- Chart note by Dr. Y, MD, dated 4/28/03, 2/17/03, 12/2/02, 1/27/03
- Operative note by Dr. Y, dated 2/6/03, 11/25/02
- H&P by Dr. Y, dated 9/16/02
- Return office visit by Dr. G, dated 3/21/03
- Functional Capacity Evaluation and Impairment Rating Summary, Physical Therapy Services, 4/21/92, 4/22/92
- Cervical Evaluaton, Longview PT and Sports Medicine, 3/19/92
- Prescriptions, 1/6/92, 3/16/92, 4/8/92
- Progress reports and re-evaluations, Longview PT and Sports Medicine, 3/27/92, 3/30/92, 4/8/92
- Longview PT and Sports Medicine Plan of care, 1/17/92
- PT Treatment Daysheet, 3/30/92, 3/31/92, 4/8/92
- Omnitron System test results, 3/19/92, 3/27/92
- Letter from Dr. P, MD, 3/31/92
- Initial evaluation and plan of care, ____, PT, 3/17/92
- Letter from ____, PT, 3/17/92
- TWCC notices of attachment to file, 11/11/91, 12/13/91, 1/24/92, 2/18/92, 3/27/92, 4/6/92, 5/2/92, 5/11/92, 6/3/92, 7/21/92, 7/28/92, 8/18/92, 8/26/92, 12/28/92
- Follow-up report, ____, 3/9/92
- Subsequent medical report forms, 1/13/92, 3/16/92
- Follow up report, ____, MD 2/10/92
- Medical Report, ____, MD, 1/27/92
- Initial Medical Report forms, 10/29/91, 1/27/92
- Report from BP Phillips' Investigations, 3/6/92
- Doctor's referral forms, 11/11/91, 11/21/91, 11/25/91, 11/27/91, 12/9/91, 1/27/92
- Authorization for release of information

- Nerve Conductions Study Report, 1/15/92
- Operative report, 1/14/92
- Letter from the Clinic for Pain Management, 1/6/92
- Letters from Dr. G, MD, 11/22/91, 12/2/91
- Letter from ____, 1/20/92
- Acknowledgement of Receipt of Employee's Claim for Compensation, 1/8/92
- Letter from ____, ____, 12/11/91
- TWCC Carrier's Notice of Injury, 11/26/91
- Payment of Compensation or Notice of Refused/Disputed Claim forms, 11/1/91, 11/22/91, 12/6/01, 5/?/92, 7/28/92
- Employer's wage statement
- Employee's Notice of Injury form
- Radiology report, 10/25/91
- Employer's first report of Injury form, 10/23/91
- Lost Time Calender
- Pilgrim's Pride Corporation, Supervisors Accident Investigation Report, 10/2/91
- Independent Medical Examination, 3/4/04
- Return Patient Visit, Dr. S, MD, 8/19/04
- Preauthorization request, Dr. S MD, 9/1/04
- Letter from Dr. S, MD, 8/26/04
- Genex Reconsideration and Appeals procedures
- Genex Texas Outpatient Reconsideration Decision: Non-Authorization, 9/13/04
- Genex Outpatient Non-Authorization Recommendations, 8/11/03, 8/25/04
- Genex Texas Outpatient Appeal Decision: Authorized, 9/3/03
- Genex Pre-Admission Certification Recommendation, 6/25/03
- Genex Notification of Preauthorization requests, 10/15/02, 6/23/03
- Genex Outpatient Certification recommendation, 10/7/02, 12/12/02
- Medical Dispute Resolution Request/Response form
- Table of Disputed Services
- Prescription and preauthorization request for CT myelogram, Dr. S, MD, 8/20/04, 9/1/04
- Worker's Compensation Insurance Verification, 10/25/91
- Letter from Independent Medical Evaluation Distributors, 2/9/04
- Referral sheet, Independent Medical Evaluation Distributors, 1/14/04
- Required Medical Examination Notice or Request for Order forms, 1.26.01
- IME invoice, 1/14/04
- Required Medical Examination, Dr. F, MD, 2/14/02
- Request for Treatment, Academy Rehabilitation Center, 1/12/04
- Employee's Request to Change Treating Doctors forms, 8/3/01, 11/10/03
- Request for Travel reimbursement forms, 6/30/03, 7/24/03
- Prescription receipts, 11/22/02, 12/23/02, 6/19/03
- Claim Census Sheet
- Consultation, Charles G, MD, 4/21/03
- Office note, Dr. W, MD, 3/26/03
- Reconsideration request, ____, 1/22/03
- Explanation of benefits and copy of check, 10/30/02 MRI
- Facility bill for MRI, 10/30/02, Longview Reg Med Ctr.
- Preauthorization requests, 10/23/03

- Return office visit note, 3/21/03
- Letters from Genex, 11/9/01, 12/14/01, 1/16/02, 1/21/02
- Exam Specification form, Genex
- Medical Authorization, 8/7/01
- Memo from ___ to Genex, 10/26/01
- Notice of RME scheduling, Dr. F, MD, 12/18/01
- Work excuse slip, Dr. H, 8/15/02
- Genex Request for IME/Peer review, 11/01
- Claim notes, 2/26/92 through 8/1/01
- Letters from ___ to the patient, 8/1/01, 9/15/92
- Phone message notice
- Office visits, Dr. G, MD, 7/10/92, 1/16/95
- Letters to Dr. G, from ___, 5/18/92, 7/10/92
- Compensation payment records
- Claim progress reports, 10/25/91 through 1/27/92
- Letter from Dr. G, MD, 8/28/92
- Report of Medical evaluation form
- Bill for CPT code #97799, 7/22/92 with ERGOS Evaluation Summary report, 7/21/92
- Notice of Vocational Rehabilitation Services, 8/12/92, 8/17/92
- Letter from TWCC, ___, with Order for Payment of Advance Compensation
- Letter from TWCC, ___, 7/29/92, with Employee request to change treating doctors
- Letter from ___, Adjustor, ___, 3/25/92
- Statement summary, 8/1/00
- Letter from ___, Highland Works, 7/15/92
- Medical treatment reports, Highland Works, 5/15/92, 7/10/92
- Letters from AR P, MD, 3/31/92, 5/1/92
- Employer's Supplemental Report of Injury forms, 5/4/92, 5/6/92
- Spinal Evaluation, Mr, G, MD, 5/15/92
- Letter from ___, Adjustor, ___, 8/20/01
- Explanation of Benefits, 1/16/95 services
- Bills, Dr. G, MD, 8/28/92, 1/16/95
- Salvage/Subrogation/Fund Recovery form, 4/19/93
- Copy of refund check
- Letter from ___, 12/30/92
- Worker's Compensation Reserve Worksheets, 8/25/92, 12/28/92
- Duplicates

Summary of Treatment/Case History:

The claimant is a 54-year-old female who sustained a work related injury in _____. She underwent a prolonged course of conservative treatment, but her symptoms persisted. On 7/22/03 she underwent a C5-C6, C6-C7 discectomy, plating, and fusion. However, her neck pain has persisted. on 3/1/04 Dr. D stated that the cervical spine x-rays revealed a C5-6 non complete fusion, but the CT of the cervical spine of 3/18/04 was read as revealing fusion at C5-7 with osteophytic formation and foraminal stenosis at C5-6 on the Left. On 4/1/04 Dr. D noted a sensory deficit in the Left upper extremity, but there were normal DTR's. The EMG/NCS of 7/23/04 found no electrophysiologic evidence of cervical radiculopathy. The

physical examination of Dr. S on 8/19/04 noted that the Left and Right upper extremities had a normal range of motion and no motor deficits. His plan was for no surgery for now. On 8/26/04 Dr. S requested a CT Myelogram to insure the fusion had consolidated, to assess adjacent disc levels, and rule out any residual stenotic region at the operated levels.

Questions for Review:

- 1) Address the prospective medical necessity of the proposed cervical CT/Myelogram.

Explanation of Findings:

The CT of the cervical findings show that the claimant has had a cervical fusion at C5-7 which is well healed and that there is some narrowing of the canal the nerve roots pass through at the C5-6 level on the Left. However The EMG/NCS Study findings demonstrate that there is no objective evidence of impingement on the nerves arising from the spinal chord in the cervical region, in spite of the claimant's subjective complaints. The physical examination findings of normal motor strength and normal range of motion of the upper extremities supports the lack of any significant compression of the nerve roots.

Conclusion/Decision to Not Certify:

Question 1: Address the prospective medical necessity of the proposed cervical CT/Myelogram.

There is no evidence to support the medical necessity of a Cervical CT/Myelogram for this claimant. The Cervical CT of 3/18/04 revealed no pseudoarthrosis of the fusion mass. Osteophyte formation was noted at C5-6 with narrowing of the Left neural foramen and spurring at C6-7 with a mild Left foraminal stenosis. The EMG/NCS of 7/23/04 found no evidence of any pressure on the nerve roots at C5-6 or C6-7. The Physical Examination of 8/19/04 found no motor weakness of the upper extremities and a full range of motion. Dr. S concluded that no surgery was necessary at this time. No further diagnostic testing is reasonable or necessary. Dr. S has all the clinical information he needs to treat his claimant from a prospective standpoint.

References Used in Support of Decision:

AAOS Online Service
Quest Diagnostics Website
Clinical Evidence

The physician providing this review is board certified in Orthopedic Surgery. The reviewer also holds additional certifications from the National Board of Medical Examiners, the American Board of Orthopedic Surgery and their state Workers Compensation Commission. Professional Society memberships include the American Society for Laser Medicine and Surgery and the American College of Sports Medicine. The reviewer currently serves as an instructor in the department of surgery, division of orthopedics at a major medical teaching institution as well as participating in private practice. The reveiwer has been in active practice since 1975.

MRIOA is forwarding this decision by mail, and in the case of time sensitive matters by facsimile, a copy of this finding to the treating provider, payor and/or URA, patient and the TWCC.

YOUR RIGHT TO REQUEST A HEARING

Either party to the 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 as per 28 Texas 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 as per Texas Admin. Code 102.4 (h) or 102.5 (d). A request for hearing should be sent to:

Chief Clerk of Proceedings
Texas Workers' Compensation Commission
POB 40669
Austin, TX 78704-0012

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

It is the policy of Medical Review Institute of America to keep the names of its reviewing physicians confidential. Accordingly, the identity of the reviewing physician will only be released as required by state or federal regulations. If release of the review to a third party, including an insured and/or provider, is necessary, all applicable state and federal regulations must be followed.

Medical Review Institute of America retains qualified independent physician reviewers and clinical advisors who perform peer case reviews as requested by MRIOA clients. These physician reviewers and clinical advisors are independent contractors who are credentialed in accordance with their particular specialties, the standards of the American Accreditation Health Care Commission (URAC), and/or other state and federal regulatory requirements.

The written opinions provided by MRIOA represent the opinions of the physician reviewers and clinical advisors who reviewed the case. These case review opinions are provided in good faith, based on the medical records and information submitted to MRIOA for review, the published scientific medical literature, and other relevant information such as that available through federal agencies, institutes and professional associations. Medical Review Institute of America assumes no liability for the opinions of its contracted physicians and/or clinician advisors. The health plan, organization or other party authorizing this case review agrees to hold MRIOA harmless for any and all claims which may arise as a result of this case review. The health plan, organization or other third party requesting or authorizing this review is responsible for policy interpretation and for the final determination made regarding coverage and/or eligibility for this case.

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cc: Dr. S, MD
Old Republic Ins. Co.