

December 28, 2004

Re: **MDR #:** M2-05-0351-01-SS **Injured Employee:**
 TWCC#: **DOI:**
 IRO Cert. #: 5055 **SS#:**

TRANSMITTED VIA FAX TO:

Texas Workers' Compensation Commission

Attention: Rosalinda Lopez

Medical Dispute Resolution

Fax: (512) 804-4868

REQUESTOR:

Dr. R, M.D.

Attention: _____

(817) 465-2775

RESPONDENT:

Lumbermen's Underwriting Alliance

Attention: _____

(512) 867-1733

TREATING DOCTOR:

Dr. F, M.D.

(972) 264-8800

Dear _____:

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to IRI for an independent review. IRI has performed an independent review of the medical records to determine medical necessity. In performing this review, IRI 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 Counsel of Independent Review, Inc. 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 Orthopedic and Spine Surgery and is currently listed on the TWCC Approved Doctor List.

We are simultaneously forwarding copies of this report to the payor and the Texas Workers' Compensation Commission. This decision by Independent Review, Inc. 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 December 28, 2004.

Sincerely,

Secretary & General Counsel
GP/thh

REVIEWER'S REPORT M2-05-0351-01-SS

Information Provided for Review:

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

Information provided by Requestor:

- Office notes 02/04/04 – 10/19/04
- Physical therapy notes 02/17/04 – 04/14/04

- Procedure reports 03/25/04 – 06/10/04
- Radiology reports 09/23/03 – 08/11/04

Information provided by Respondent:

- Summary of carrier's position 03/22/04
- Radiology report 03/22/04

Information provided by Pain Mgmt. Specialist:

- Office note 12/17/03

Clinical History:

The patient is a woman injured at work _____. She has been through appropriate conservative measures including physical therapy and medications. In fact, she has also had epidural steroid injections with persistence of symptoms.

Disputed Services:

Proposed C 5-6, C6-7 ACDF - surgery.

Decision:

The reviewer partially disagrees with the determination of the insurance carrier and is of the opinion that the procedure in dispute for level C6-C7 is medically necessary. The disputed procedure on level C5-C6 is not medically necessary in this case.

Rationale:

The report of an EMG done in December of 2003 revealed an acute C5-C6 radiculopathy. There is a report of MRI of the cervical spine done in September of 2003 with findings of a series of broad asymmetric left-disc protrusions at C3-C4, C4-C5, and C5-C6.

The patient received conservative management. The most recent study is that of a myelogram and CT scan dated August 11, 2004. The most recent study reveals a finding of a soft-tissue disc herniation in the foramen on the left C6-C7 with cut-off of the left C7 nerve root sleeve. C5-C6 level reveals no stenosis or root sleeve problem at C6.

Based on these findings, while there is spondylosis present at multiple levels, it is only the C6-C7 level based on the most recent imaging study that shows disc herniation.

Therefore, anterior cervical discectomy and fusion is medically necessary at the C6-C7 level. While there may have been a problem at C5-C6 in the past, the most recent imaging study does not reveal nerve root compromise at that level.