

MEDICAL REVIEW OF TEXAS

[IRO #5259]

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NOTICE OF INDEPENDENT REVIEW DETERMINATION

TWCC Case Number:	
MDR Tracking Number:	M2-05-0362-01
Name of Patient:	
Name of URA/Payer:	
Name of Provider: (ER, Hospital, or Other Facility)	
Name of Physician:	Dr. L, MD
(Treating or Requesting)	

December 17, 2004

An independent review of the above-referenced case has been completed by a medical physician board certified in neurosurgery. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by Texas Medical Foundation, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

Medical Review of Texas (MRT) hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to MRT.

Sincerely,

Medical Director

cc: Dr. L, MD
Rosalinda Lopez, Texas Workers Compensation Commission

CLINICAL HISTORY

This gentleman apparently injured himself in ____ when he was working for Chevron. He was extracting a piece of plastic from a machine, apparently some kind of mold and he developed significant pain in both his neck and his shoulders. He was evaluated during that time by a surgeon, Dr. C. Apparently, surgery was recommended. I'm not entirely sure whether this was related to his cervical problem or his shoulder problem, however, Dr. C subsequently left the practice of medicine. Following this, Mr. A found his way to see Dr. L and in 2002 had initially an MRI scan and then ultimately a CT Myelogram that found him to have some lateral recess stenosis and mild central canal stenosis at C4 and C5. This was used to justify a surgical procedure which ultimately fused him from C4 down to C6. Anterior cervical instrumentation was also used. Early on he did fairly well. This lasted for a little less than a year and then he began developing what he describes as neck pain. Concurrent with this was difficulties with his shoulders that ultimately led to arthroscopy and many open reconstructions of his rotator cuffs and for the initial evaluations it was felt that his symptoms were possibly somehow related to his shoulders. Ultimately with his shoulders rehabbed and the continuation of his neck pain the situation began to look more cervical. Finally an MRI scan was obtained in August of this year which found him to have a substantial C3 HNP. An MRI confirmed these findings as well and now Dr. L has requested an anterior discectomy and fusion.

REQUESTED SERVICE(S)

C3 Anterior cervical discectomy and fusion with iliac crest graft harvesting as well as anterior cervical instrumentation.

DECISION

Approved. It would be medically prudent to proceed on with this procedure.

RATIONALE/BASIS FOR DECISION

This gentleman has had a previous two level fusion at C4 and C5 and has had the unlucky consequence of transitional disc herniation. There is every medical probability that this disc herniation was related to the previous C4 through C6 fusion which apparently has been found to be causally related to his injury in _____. With regards to the symptoms, this patient is complaining of pain radiating into his arm and hand. He is also stating that he has pain at the base of his neck all of which is consistent with a high cervical disc herniation. The motivating factor is that he has documented spinal cord compression both on MRI as well as CT myelogram and the standard of care necessitates that this be treated surgically. With regards to approaches; as the disc is ventral to the cord, this must be a ventral procedure which mandates a C3 discectomy. As the requesting physician states, a better fusion will be obtained if the previous anterior cervical instrumentation is removed, the previous fusion explored and if found to be solid a small plate be placed spanning C3 to C4.

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

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a 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

Or fax the request to (512) 804-4011. A copy of this decision must be attached to the request.

The party appealing the decision shall deliver a copy of its written request for a hearing to the opposing party involved in the dispute.

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 20th day of December, 2004.

Signature of IRO Employee: _____

Printed Name of IRO Employee: