



Specialty Independent Review Organization, Inc.

January 13, 2005

Hilda Baker
TWCC Medical Dispute Resolution
7551 Metro Center Suite 100
Austin, TX 78744

Patient:
TWCC #:
MDR Tracking #: M2-05-0536-01-SS
IRO #: 5284

Specialty IRO has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to Specialty IRO for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

Specialty IRO 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.

This case was reviewed by a licensed Doctor of Osteopathy who is board certified in Orthopedics. The reviewer is on the TWCC ADL. The Specialty IRO health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to Specialty IRO for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

This 42-year old female fell backwards at work, striking her head. This resulted in a loss of consciousness for five minutes. Since then she has developed pain in her neck with radiation down her left arm. She complains of a tingling sensation in the arm, but no weakness. The pain in the neck is described as aching. There is no change in her symptoms with a Valsalva, sneezing, and coughing. The symptoms improved with lying down.

On the 07/21/2004 note, her complaints are headaches and dizziness. The physical examination revealed no muscle spasm, normal range of motion to the neck, sensation is normal, and diminished biceps reflex. The 07/28/2004 note states that the neck is sore and there is pain at the base of the head. There is no significant tenderness to palpation along the cervical spine and the patient moves all extremities symmetrically. X-rays on that date of flexion and extension revealed no subluxation or obvious ligament instability.

The 09/08/2004 note states that there is pain in the neck, radiating to the left arm with decreased cervical range of motion. The biceps reflex is depressed, and sensation is normal. The treatment has been conservative with passive physical therapy and patient wore a cervical collar following the injury.

In 09/2004 the patient had an EMG and Dr. B reported the test as normal. The CT Scan and cervical X-rays on 07/22/2004 are reported as normal. The MRI of 08/05/2004 revealed Uncinate disease at C5-6 with mild bilateral neural foraminal narrowing.

The confusion in this case concerns the location of the narrowing of the neural foramen. The MRI reported the narrowing at C5-6, but the surgery request is for C4-5. Dr. C, in his letter of 10/27/2004, states, "I went back to study the actual MRI films that showed a stenosis at C4-5. On the appeal, I indicated my diagnosis was based on examination of the patient and viewing the actual films, not just a written report read by some Radiologist."

Items reviewed for this Report are: Dr. C Notes from 09 / 08 / 2004 to 12 / 30 / 2004, Notes of Dr. V of 01 / 04 / 2005, Notes of Dr. W 07 / 21 and 07 / 28 / 2004, CT Scan and X-Rays of 07 / 22 / 2004, MRI of 08 / 05 / 2004, and a September 2004 EMG Report.

REQUESTED SERVICE

The item in dispute is the prospective medical necessity of the proposed anterior cervical disc fusion at C4-5, bank bone and plating.

DECISION

The reviewer agrees with the previous adverse determination.

BASIS FOR THE DECISION

This case involves a discrepancy between Dr. C's interpretation of the MRI and Dr. L's radiology interpretation as to the exact level of the mild narrowing of the foramen. The patient has mild narrowing on the MRI at C5-6 and the EMG is reported as normal. The patient has neck pain that radiates to the left arm and the tests for increased spinal pressure of coughing, sneezing, and straining at the stool are unremarkable. With these facts, the request for an anterior cervical disc fusion of C4-5 with banked bone and plating is non-certified.

This decision is based on review of literature including:

1. Rothman – THE SPINE
2. Brotzman & Wilk – CLINICAL ORTHOPEDIC REHABILITATION, 2nd Edition
3. ACOEM Guidelines – 2nd Edition, Chapter 8, THE NECK

Specialty IRO has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Specialty IRO has made no determinations regarding benefits available under the injured employee's policy. Specialty IRO believes it has made a reasonable attempt to obtain all medical records for this review and afforded the

requestor, respondent and treating doctor an opportunity to provide additional information in a convenient and timely manner.

As an officer of Specialty IRO, Inc, dba Specialty IRO, I certify that there is no known conflict between the reviewer, Specialty IRO and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

Sincerely,

____, CEO

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.

In the case of prospective *spinal surgery* decision, a request for a hearing must be made in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** days of your receipt of this decision. (20 Tex. Admin. Code 142.5(c)).

In the case of other *prospective (preauthorization) medical necessity* disputes a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) 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 (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 Worker's Compensation Commission, P.O. Box 17787, Austin, TX 78744. The fax number is 512-804-4011. A copy of this decision should be attached to the request.

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute, per TWCC rule 133.308(u)(2).

Sincerely,

____, CEO

I hereby certify, in accordance with TWCC Rule 102.4 (h), that a copy of this Independent Review Organization decision was sent to the carrier, requestor, claimant (and/or the claimant's representative) and the TWCC via facsimile, U.S. Postal Service or both on this
__13th__ day of __January__, 2005
Signature of Specialty IRO Representative:
Name of Specialty IRO Representative: