

February 10, 2005

TEXAS WORKERS COMP. COMISSION
AUSTIN, TX 78744-1609

CLAIMANT:

EMPLOYEE:

POLICY: M2-05-0755-01

CLIENT TRACKING NUMBER: M2-05-0755-01 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 Received from the State:

Notification of IRO Assignment, 2 pages, 2/2/05

TWCC-60, 3 pages, 1/13/05

Review Determination from The Hartford, 1 page, 11/5/04

Letter from Jacob Rosenstein, MD, 1 page, 11/12/04

Review Determination from SRS, 1 page, 11/30/04

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Records Received from Texas Neurosurgical:

Office visit, 2 pages, 10/26/04

Medical conference note, 1 page, 11/29/04

Cervical Myelogram and CT report, 1 page, 10/21/04

Letter from MRloA, 1 page, 2/2/05

Automatic fax coversheet, 1 page, 2/4/05

North Texas Neurosurgical Consultants fax coversheet, 1 page, 2/4/05

Record Received from Flahive, Ogden, Latson

Preauthorization Medical Dispute response, 3 pages, 1/21/05

Fax coversheets, 2 pages, 1/24/05

Letter from MRloA with fax coversheet, 2 pages, 2/2/05

Review determination from SRS, 1 page, 11/30/04

Review determination from SRS, 1 page, 11/5/04

TWCC-60 Part VI, 1 page, undated

Form from FO&L requesting records/fees for IRO review, 1 page, 2/2/05

Preauthorization Facsimile transmittal from Highpoint Rehab Inst, 1 page, 11/30/04

Chart note, 2 page, 8/17/04

Chart note, 1 page, 9/22/04

Preauth request for psychological evaluation from Highpoint Rehab Inst., 8 pages, 11/21/04

Chart note, 1 page, 10/27/04

Neurosurgery consult from Jacob Rosenstein, 3 pages, 9/7/94

Chart notes from Jacob Rosenstein, 26 pages, 12/16/96, 1/3/97, 2/5/97, 2/17/97, 2/24/97, 4/16/97, 6/30/97, 7/18/97, 8/22/97, 9/24/97, 10/17/97, 11/24/97, 1/26/98, 2/10/98, 2/25/98, 4/15/98, 10/21/98, 12/2/98, 5/19/04, 6/24/04, 8/17/04, 9/22/04, 10/26/04

Summary of Treatment/Case History:

Patient had onset neck pain in _____. She had anterior cervical disk removal and fusion with plating on February 28, 1995 at C5-6. There was reinjury on _____, with fracture of plate, which was removed in 2000. Continuous neck pain since 2003 that has not improved with medication and steroid injections. Diagnosis pseudoarthrosis C5-6, "markedly degenerated disc with gas vacuum degenerated phenomenon" C6-7. The request is for a discogram C4-5 for normal to compare to discogram C6-7 to determine if C6-7 is source of neck pain as well as pseudoarthrosis at C5-6. This proposal is to be done before surgery at C5-6 to determine if C6-7 needs to be fused at same time. This request was denied two times. New final resolution requested.

Questions for Review:

1. Please address prospective medical necessity of the proposed cervical discogram @ C4/5, C 6/7 with post CT scan, regarding the above mentioned injured worker.

Conclusion/Decision to Not Certify:

Dr. Rosenstein has indicated there are marked pathological changes at C6-7 with marked degenerative changes and vacuum disk phenomenon. So discogram would be abnormal, difficult to perform (enter disk space with needle) and interpret after CT. Thus adverse decision recommended.

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In recommending decision to not certify, a previous reviewer stated: "The request is not in keeping with ACCEM guidelines regarding Cervical discography. Page 178 states, 'Diskography is frequently used prior to cervical fusions and certain disk related procedures. There is significant scientific evidence that questions the usefulness of discography in those settings. While recent studies indicate discography to be relatively safe and have a low complication rate, some studies suggest the opposite to be true. In any case, clear evidence is lacking to support its efficacy over other imaging procedures in identifying the location of cervical symptoms, and, therefore, directing intervention appropriately. Tears may not correlate anatomically or temporally with symptoms.'"

I agree with this decision.

Another reviewer has questioned and stated fusion for C5-6 arthrosis should not be done (see ACCEM reference) and if this is the case, obviously discogram should not be done.

References Used in Support of Decision:

ACCEM guidelines regards cervical fusion Chapter 8, page 180, second edition.

Zeidman SM, Thompson K, Ducker TB. Complications of cervical discography: analysis of 4400 diagnostic disc injections. Neurosurgery. 1995;37:414-7.

Shinomiya K, Nakao K, Shindoh S, et al. Evaluation of cervical discography in pain origin and provocation. J Spinal Disord. 1993; 6:422-6.

The specialist providing this review is board certified in Neurosurgery. The reviewer has served as the chief Neurosurgeon at several VA Hospitals throughout the country. The reviewer is a member of the American Medical Association, the American College of Surgeons, the American Paraplegia Society, Congress of Neurological Surgeons and the American Association of Neurosurgeons. The Reviewer has served as an association professor, assistant professor and clinical instructor at the university level. The reviewer also has publishing, presentation and research experience within their specialty. The reviewer has been in active practice for over 20 years.

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.

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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: Requestor and Respondent