

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 March 24, 2005.

Sincerely,

Gilbert Prud'homme
General Counsel

GP/thh

REVIEWER'S REPORT M2-05-0960-01-SS

Information Provided for Review:

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

Information provided by Requestor:

Office notes 01/14/04 – 11/10/04

Procedure notes 03/17/04 – 04/21/04

Operative reports 01/28/04 – 04/21/04

Radiology reports 11/02/04 – 12/14/04

Information provided by Respondent:

Correspondence

Designated doctor reviews

Clinical History:

This male patient has had severe persistent pain in his neck since injury on _____. He has been unresponsive to conservative measures, including physical therapy, injections, and anti-inflammatory medications.

Disputed Services:

Anterior cervical discectomy & fusion @ C4-5 & C5-6.

Decision:

The reviewer disagrees with the determination of the insurance carrier and is of the opinion that anterior cervical discectomy & fusion @ C4-5 & C5-6 are medically necessary in this case.

Rationale:

A clinic note dated January 14, 2004 when the patient went to see Dr. James Guest, was provided. In the section titled "Radiographs", there is an evaluation of a discogram that was dated November 1, 2001 that showed evidence of concordant pain at C4/C5 and C5/C6. The C4/C5 level of pain was exactly concordant and the C5/C6 level was partially concordant. Because of the incomplete nature of that test, the patient underwent a second discogram dated December 14, 2004. The discogram was done at C5/C6, which revealed severe concordant 10/10 pain with extravasation in annular tear. The C6/C7 level discogram was negative for pain and normal on nucleogram.

Based on this information, the patient has concordant pain in the cervical spine at C4/C5 and C5/C6 with a good control level at C6/C7. He has been through appropriate conservative measures with persistence of severe neck pain. Therefore, anterior cervical discectomy fusion at the involved C4/C5 and C5/C6 levels is reasonable and medically necessary.