

April 4, 2005

Re: **MDR #:** M2-05-1056-01-SS **Injured Employee:**
TWCC#: **DOI:**
IRO Cert. #: 5055 **SS#:**

TRANSMITTED VIA FAX TO:

Texas Workers' Compensation Commission

Attention:
Medical Dispute Resolution
Fax: (512) 804-4868

REQUESTOR:

Madhavan Pisharodi, M.D.
Attention: Helen Bernal
(956) 541-2070

RESPONDENT:

Insurance Co. of the State of PA c/o FOL
Attention: Katie Foster
(512) 867-1733

Dear Mr. ____:

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 April 4, 2005.

Sincerely,

Gilbert Prud'homme
General Counsel

GP/thh

**REVIEWER'S REPORT
M2-05-1056-01-SS**

Information Provided for Review:

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

Information provided by Requestor:

Office notes 06/04/04 – 01/12/05

Nerve conduction test 07/08/04

Information provided by Respondent:

Correspondence

Clinical History:

The patient is a 54-year-old woman with neck pain and radiating left greater than right upper extremity symptoms resulting from a work-related injury on _____. Review of Dr. Madhavan Pisharodi's notes from clinic, dated December 30, 2004, reveals that the patient has severe neck pain, as well as left upper extremity and right upper extremity symptoms with tingling. His review of an MRI reveals a bulging disc at the C4/C5 level with compression of the spinal cord at that level. EMG of the upper extremity dated July 8, 2004 reveals evidence of spinal cord compression, as well as carpal tunnel syndrome, left greater than right upper extremity. MRI scan dated June of 2004 reveals early degenerative changes at C4/C5 and C5/C6 with bulges, but the radiologist clearly reports no radiographic evidence of spinal canal stenosis in his impression on that scan.

Disputed Services:

Anterior cervical discectomy/fusion w/instrumentation at C4-5.

Decision:

The reviewer agrees with the determination of the insurance carrier and is of the opinion that the procedure in dispute as stated above is not medically necessary in this case.

Rationale:

Clearly, the neurosurgeon's interpretation of the MRI scan is different from that of the radiologist. To be certain the patient does not have significant spinal canal stenosis or compression of the spinal cord, the reviewer recommends that a myelogram and CT scan of the cervical spine be obtained prior to performing anterior cervical discectomy/fusion with instrumentation, as this is the most sensitive indicator of spinal cord compression, if it is present.