

MCMC

IRO Medical Dispute Resolution M2 Prospective Medical Necessity IRO Decision Notification Letter

Date:	06/20/2005
Injured Employee:	
Address:	
MDR #:	M2-05-1372-01
TWCC #:	
MCMC Certification #:	5294

REQUESTED SERVICES: Surgery to relieve nerve compression due to positive discogram, myelogram and ELECTROMYOGRAM

DECISION: Overturned

MCMC llc (MCMC) is an Independent Review Organization (IRO) that has been selected by The Texas Workers' Compensation Commission (TWCC) to render a recommendation regarding the medical necessity of the above requested service.

Please be advised that a MCMC Physician Advisor has determined that your request for an M2 Prospective Medical Dispute Resolution on 06/20/2005, concerning the medical necessity of the above referenced requested service, hereby finds the following:

The denial of the proposed surgery to relieve nerve compression due to positive discogram, myelogram and ELECTROMYOGRAM is overturned.

CLINICAL HISTORY:

This is a 60 year old male who was injured in ___ as a car Salesman in an accidental fall forward onto hands and knees. He has had surgical care of his lumbar area, and nonsurgical care and evaluation of his left shoulder. He has had consistent complaints over time of neck pain, pain radiating out to both shoulders, and pain radiating down the left arm, forearm, and into the hand with numbness. Examinations early on by Dr. Kozak, and more recently by Dr. Westmark have shown consistent pattern of left arm symptoms and weakness. EMG/NCV of 05/14/2002 showed left C7 nerve root irritation by EMG and carpal tunnel by NCV. Cervical MRI of 05/10/2000 shows C6-7 disc protrusion. Cervical CT/myelogram study of 12/13/2004 shows significant changes at C6-7 with spinal cord impingement and bilateral stenosis, left>right. The requesting surgeon, Dr. Westmark, examined the cervical complaints on 11/16/2004 and most recently in February, 2005.

RATIONALE:

The injured individual's symptoms (neck and left greater than right arm pain, with left arm pain in a radicular pattern), exam findings (left arm weakness and positive

Hoffman's sign), EMG findings (C7 nerve root irritation by EMG on 05/14/2002), MRI findings (C6-7 bulging disc), and CT/myelogram of cervical spine (flattening of the spinal cord and left>right impingement with foraminal narrowing at C6-7) form a consistent pattern pointing to the C6-7 disc space as the source of ongoing symptoms. Having failed to improve over a great length of time and treatment, the requested surgery is indicated. The indications are consistent with those described in standard spine surgery texts, such as Herkowitz The Spine, and OKU2 for the Spine (NASS/AAOS).

RECORDS REVIEWED:

- TWCC Notification of IRO Assignment dated 04/14/05
- TWCC MR-117 dated 04/14/05
- TWCC-60
- TWCC – Acknowledgment of Receipt of Notice of Medical Dispute Resolution dated 03/31/05
- KSF Orthopaedic Center: Report from Dr. Andrew Kant dated 03/28/05
- Michael Jowdy: Letter dated 03/18/05
- Hillcroft Medical: Letter from Dr. Fred Bakht dated 03/17/05
- HSNC Houston Spine & Neurosurgery Center: Reports from Dr. Richard Westmark dated 02/24/05, 11/16/04, 10/22/04, 09/03/04 and 07/30/04
- Zurich Services Corporation: Non-Authorization After Reconsideration Notice dated 02/22/05
- Zurich Services Corporation: Non-Authorization Notice dated 02/02/05
- TWCC-62 Explanation of Benefit dated 01/18/05
- Clear Lake Regional Medical: CT of the cervical spine dated 12/13/04, Myelogram cervical spine and lumbosacral dated 12/13/04 and CT of the lumbar dated 12/13/04
- Progress Notes (handwritten) dated 11/16/04 through 01/21/05
- Andrew P. Kant, M.D.: Office note dated 10/18/04
- Clear Lake Regional Medical Center: Discharge Summary from Dr. Westmark dated 03/15/04
- Clear Lake Regional Medical Center: Preoperative History & Physical from Dr. Westmark dated 03/10/04
- Clear Lake Regional Medical Center: Operative Report from Dr. Westmark dated 03/10/04
- Sunil A. Vachhani, D.C.: Report dated 05/14/02
- North Houston Imaging Center: MRIs of the left knee and left shoulder dated 02/08/02
- Doctor, McCann & Arthur, L.L.P.: Operative Note dated 04/24/01
- J. Keith Pevey, M.D.: Impairment Rating dated 03/20/01
- Texas Orthopedic Hospital Diagnostic Imaging: Myelogram of the lumbosacral and cervical spine dated 11/07/00, CT of the cervical spine dated 11/07/00 and CT of the lumbar spine dated 11/07/00
- Jeffrey A. Kozak, M.D.: Report dated 10/23/00
- Baylor College of Medicine: EMG Report dated 06/09/00
- Nuclear Imaging of Texas: Bone Scan dated 05/31/00
- NYDIC: MRIs of the cervical spine and lumbar spine dated 05/10/00

The reviewing provider is a Boarded Orthopedic Surgeon and certifies that no known conflict of interest exists between the reviewing Orthopedic Surgeon and any of the treating providers or any providers who reviewed the case for determination prior to referral to the IRO.

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) days or your receipt of this decision (28Tex.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) days of your receipt of this decision (28Tex.Admin. Code 148.3©.)

This decision is deemed received by you 5 (five) days after it was mailed (28Tex.Admin. Code 102.4(h)(2) or 102.5(d)). A request for a hearing **and a copy of this decision** should be sent to:

Chief Clerk of Proceedings / Appeals Clerk
Texas Workers' Compensation commission
P.O. Box 17787
Austin, Texas, 78744
Fax: 512-804-4011

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties 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 June 2005.

Signature of IRO Employee: _____

Printed Name of IRO Employee: _____