

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 June 6, 2005.

Sincerely,

Gilbert Prud'homme
General Counsel

GP/th

**REVIEWER'S REPORT
M2-05-1501-01**

Information Provided for Review:

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

Information from Respondent:

Correspondence

Information from Spine Surgeon:

Office notes 08/19/04 – 03/30/05

Information from Pain Management Specialist:

Office notes 09/24/03 – 04/06/05

Nerve Conduction Studies 09/24/03 – 07/07/04

Procedure report 10/07/03

Radiology reports 08/11/03 – 08/03/04

Information from Family Practitioner:

Office notes 08/11/03 – 12/10/03

Physical therapy notes 08/18/03 – 11/12/03

Radiology reports 08/11/03 – 09/10/03

Clinical History:

The patient suffered a work-related injury to his neck and lower back on _____. He was treated conservatively for low back and neck pain with radiating symptoms into both the lower and upper extremities including numbness and tingling as well as painful paresthesias. He was treated extensively for presumed cervical disc herniation at C5/C6 and lumbar disc herniation at L4/L5. The patient's physical examination was not consistent with radiculopathy, both in the cervical or lumbar spine. He complained mainly of pain in the cervical and lumbar spine as well as subjective paresthesias. Nerve conduction testing was normal. Cervical decompressive surgery and fusion at C5/C6 was denied as medically unnecessary.

Disputed Services:

Anterior cervical discectomy and fusion at C5-C6 with EDI plates.

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:

This patient has diffuse cervical pain with non-compressive bulges at C4/C5 and C5/C6. In addition, the cervical MRI scan demonstrates edema in the spinous process of C7 and intraspinal ligament injury at C7 down to T1. The patient has normal nerve conduction testing, and physical examination is not consistent with compressive neuropathy at that level. Therefore, the reviewer believes that cervical discectomy and fusion at this level is not medically indicated or appropriate for this patient at this time, and could potentially worsen this patient's symptoms.