

IRO America Inc.

(formerly ZRC Services Inc. or ZiroC)
An Independent Review Organization

July 1, 2005

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

Patient:
TWCC #:
MDR Tracking #: M2-05-1526-01
IRO #: 5251

IRO AMERICA has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to IRO AMERICA for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

IRO AMERICA 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.

The independent review was performed by a matched peer with the treating doctor who is a credentialed Panel Member of IRO AMERICA's Medical Knowledge Panel. This case was reviewed by our Panel Member who is a licensed MD, board certified and specialized in Orthopedic Surgery. The reviewer is on the TWCC Approved Doctor List (ADL).

The IRO AMERICA Panel Member / Reviewers is a health care professional who has signed a certification statement stating that no known conflicts of interest exist between the Reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to IRO AMERICA for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

RECORDS REVIEWED

Notification of IRO assignment, information provided by Requestor, Respondent, and Treating Doctor(s) including:

1. MRI's cervical spine 02/06/99, 08/12/99, 01/19/01
2. MRI thoracic spine 02/15/99
3. Operative report 06/05/00, 09/14/00
4. Office notes 09/22/00 to 11/10/00
5. Second opinion with Dr. Maffet 02/19/01
6. Office note of Dr. Levinthal 02/26/01
7. Postoperative notes of Dr. Maffet 04/02/01, 04/23/01, 05/09/01, 06/13/01, 07/11/01, 08/06/01
8. Office notes of Dr. Maffet 09/05/01, 10/22/01, 03/21/01, 04/22/02, 06/13/02, 08/07/02, 08/25/03, 09/25/03

9. Denial 10/20/03
10. Case note 10/22/03
11. Letter by Dr. Maffet 02/19/04
12. Cervical myelogram 04/09/04
13. Office note of Dr. Hanson 05/04/04
14. EMG 05/26/04
15. Note of Dr. Hanson 06/07/04, 06/29/04
16. Review 06/16/04
17. Appeal of denial by Dr. Hanson 08/16/04
18. Request from Dr. Hanson 11/19/04
19. MRI cervical spine 12/22/04
20. Review of MRI by Dr. Hanson 01/24/05
21. Second opinion with Dr. Kushwaha 02/10/05
22. Notes of Dr. Hanson 02/22/05, 03/01/05
23. Surgery request 03/08/05
24. Denial 03/08/05
25. Request for reconsideration 03/10/05
26. Operative report 03/16/05
27. Surgery denial 03/17/05
28. Office note of Dr. Hanson 04/04/05
29. Office note of Dr. Maffet 04/13/05
30. Letter from the claimant 04/20/05
31. Referral for dispute 05/07/05

CLINICAL HISTORY

The claimant is a firefighter injured on ___ when fighting a fire and there was some collapse of the structure. He reportedly had cervical pain and underwent MRI of the cervical spine on 02/06/99 and 08/12/99. He had concurrent right shoulder problems that required three surgeries but he did have a good end result. Another cervical MRI was performed on 01/19/01 prior to the third right shoulder surgery.

In late 2002 and 2003 the claimant reported persistent neck pain with radiation in between the shoulders and radiating bilateral arm pain. Motion of the cervical spine was limited but no focal neurological deficits were appreciated. In 09/03, due to ongoing complaints, Dr. Maffet recommended a repeat cervical MRI. This was denied. A CT myelogram was then requested for the possibility of cervical surgery. This was completed 04/09/04.

The claimant treated with Dr. Hanson in 2004 for his neck and bilateral upper extremity complaints. On examination 05/04/04 there was normal strength, limited motion, and symmetrical reflexes. X-rays showed significant spondylosis at C5-6 and less at C6-7. The 05/26/04 EMG demonstrated a mild right C5-6 radiculopathy. Dr. Hanson then requested a discogram for surgical planning. This was denied and a cervical MRI was approved.

The 12/22/04 MRI of the cervical spine at C3-4 showed posterior spondylosis indenting the thecal sac without canal or cord compromise and mild encroachment of the ventral outlets without significant compressive effect on the C4 nerves. The C4-5 level revealed minimal rightward lateralizing posterior spondylosis without significant central canal compromise. There was mild to moderate unilateral right-sided uncinat arthrosis caused unilateral ventral foraminal encroachment. At C5-6 there was minimal posterior spondylosis without cord compromise. Mild

left and moderate right uncinat arthrosis resulted in asymmetric osseous encroachment. C6-7 revealed there was mild rightward lateralizing posterior spondylosis that indented the thecal sac.

Dr. Hanson reviewed the MRI and was not sure that surgery would be of benefit. Dr. Kushwaha performed a second opinion on 02/10/05. On examination there was decreased cervical motion with spasm. Spurling was positive on the left as well as shoulder abduction lift testing. The physician reported decreased sensation in the C6-7 dermatome on the left. Motor strength was full. Dr. Kushwaha felt a C5-6 and C6-7 fusion was indicated.

On 03/16/05 the claimant was taken to the operating room for C5-6 and C6-7 anterior discectomy with decompression and foraminotomies; anterior fusion C5-6 and C6-7; insertion of intervertebral device C5-6 and C6-7 with instrumentation C5 to C7. The surgery was denied on peer review 03/17/05. The denial was appealed. The claimant wrote a letter noting he was 100 percent better.

DISPUTED SERVICE(S)

Under dispute is the prospective and/or concurrent, medical necessity of neck spine fusion, insert spine fix device, anterior 2-3 segment, apply signal prosthetic device, remove vertebral body, neck; use of operating microscope, inpatient hospital care for three days, regarding the above-mentioned injured worker.

DETERMINATION/DECISION

The Reviewer disagrees with the determination of the insurance carrier.

RATIONALE/BASIS FOR THE DECISION

The claimant is a firefighter who was injured ___ fighting a fire. He has had extensive problems with his neck since that injury and had concurrent right shoulder problems. He has had multiple MRIs of his neck showing spondylosis with some indentation of the thecal sac along with significant spinal stenosis. EMG/NCV did in fact show C5-6 radiculopathy and the claimant has persistent ongoing pain with failure to respond to conservative treatment. He had surgery performed 03/16/05, which entailed a C5-6 and C6-7 anterior discectomy with decompression and foraminotomies and fusion of C5 to 7 with instrumentation. The surgery was reasonable for the claimant's pain complaints. It was perhaps a little aggressive in terms of the lack of hard neurologic findings but he did have a positive EMG/NCV and the claimant did in fact have significant failure to improve over a long period of time and had extensive appropriate conservative treatment. The Reviewer recommends approval of the C5 to 7 decompression fusion with instrumentation as being medically necessary along with use of the operating microscope and the three-day inpatient hospital stay as being medically necessary and reasonable as a result of the 04/15/99 injury.

Screening Criteria

1. Specific:

Campbell's Operative Orthopedics, Chapter 39, page 2006-2007, 2015-2017

2. General:

In making his determination, the Reviewer had reviewed medically acceptable screening criteria relevant to the case, which may include but is not limited to any of the following: Evidence Based Medicine Guidelines (Helsinki, Finland); Texas Medical Foundation: Screening Criteria Manual (Austin, Texas); Texas Chiropractic Association: Texas Guidelines to Quality

Assurance (Austin Texas); Texas Medical Foundation: Screening Criteria Manual (Austin, Texas); Mercy Center Guidelines of Quality Assurance; any and all guidelines issued by TWCC or other State of Texas Agencies; standards contained in Medicare Coverage Database; ACOEM Guidelines; peer-reviewed literate and scientific studies that meet nationally recognized standards; standard references compendia; and findings; studies conducted under the auspices of federal government agencies and research institutes; the findings of any national board recognized by the National Institutes of Health; peer reviewed abstracts submitted for presentation at major medical associates meetings; any other recognized authorities and systems of evaluation that are relevant.

CERTIFICATION BY OFFICER

IRO AMERICA has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. IRO AMERICA has made no determinations regarding benefits available under the injured employee's policy.

As an officer of IRO AMERICA, Inc., I certify that there is no known conflict between the Reviewer, IRO AMERICA and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

IRO AMERICA is forwarding by mail or facsimile, a copy of this finding to the TWCC, the Injured Employee, the Respondent, the Requestor, and the Treating Doctor.

Sincerely,

IRO America Inc.



Dr. Roger Glenn Brown

President & Chief Resolutions Officer

Cc: City of Houston
Attn: Robert Josey
Fax: 512-346-2539

YOUR RIGHT TO REQUEST A HEARING

Either party to 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) calendar days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

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) calendar days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

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

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

The party appealing this decision shall deliver a copy of its written request for a hearing to other party involved in this dispute.

Name/signature

I hereby certify, in accordance with TWCC Rule 102.4 (h), that a copy of this Independent Review Organization decision was sent to the carrier, requestor, claimant (and/or the claimant's representative) and the TWCC via facsimile, U.S. Postal Service or both on this 1st day of July, 2005.

Name and Signature of Ziroc Representative:

Sincerely,
IRO America Inc.

Dr. Roger Glenn Brown
President & Chief Resolutions Officer