

May 17, 2005

TEXAS WORKERS COMP. COMISSION
AUSTIN, TX 78744-1609

CLAIMANT: ___

EMPLOYEE: ___

POLICY: M2-05-1576-01 / ___

CLIENT TRACKING NUMBER: M2-05-1576-01 / 5278

Medical Review Institute of America (MRIOA) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO). The Texas Workers Compensation Commission has assigned the above-mentioned case to MRIOA for independent review in accordance with TWCC Rule 133 which provides for medical dispute resolution by an IRO.

MRIOA 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. Itemization of this information will follow.

The independent review was performed by a peer of the treating provider for this patient. The reviewer in this case is on the TWCC approved doctor list (ADL). The reviewer has signed a statement indicating they have no known conflicts of interest existing between themselves and the treating doctors/providers for the patient in question or any of the doctors/providers who reviewed the case prior to the referral to MRIOA for independent review.

Records Received:

FROM THE STATE:

Notification of IRO assignment dated 5/3/05 1 page

Texas Workers' Compensation Commission form dated 5/3/05 1 page

Medical Dispute Resolution Request/Response forms 2 pages

Provider list 1 page

Table of disputed services 1 page

Review determination letter dated 3/30/05 1 page

Review determination letter dated 4/12/05 1 page

FROM THE REQUESTOR:

History and physical dated 3/16/05 3 pages

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Medical conference note dated 4/7/05 1 page
Radiology report dated 2/3/05 1 page
Radiology report dated 3/3/05 2 pages

FROM DR. BARTEL, MD:

Electromyography report dated 10/10/02 2 pages
Lab report dated 3/7/05 9 pages
Radiology report dated 2/15/05 2 pages
Radiology report dated 3/3/05 2 pages
Radiographic consultation dated 9/27/02 1 page
Radiographic report dated 9/12/02 1 page
Radiology/Diagnostic requisition dated 9/26/02 1 page
Billing sheet dated 9/12/02 1 page
Neuroconsultation dated 9/12/02 3 pages
Progress note dated 10/10/02 1 page
Operative reports dated 11/7/02 2 pages
Operative reports dated 11/21/02 2 pages
Operative reports dated 12/05/02 2 pages
Progress notes dated 1/20/03 1 page
Progress notes dated 2/27/03 1 page
Progress notes dated 8/4/03 1 page
Progress notes dated 10/9/03 1 page
Progress notes dated 12/8/03 1 page
Progress notes dated 2/3/04 1 page
Progress notes dated 4/29/04 1 page
Progress notes dated 8/12/04 1 page
Progress notes dated 11/4/04 1 page
Progress notes dated 1/27/05 1 page

FROM THE RESPONDENT:

IRO Summary dated 5/9/05 2 pages
Review determinations dated 3/30/05 2 pages
Review determinations dated 4/12/05 2 pages
Letter from Dr. Rosenstein, MD dated 3/31/05 1 page
References for screening criteria 3 pages
Workers Compensation form 1 page
MVA questionnaire dated 8/7/02 5 pages
Emergency nursing record dated 8/7/02 1 page
Emergency physician record dated 8/7/02 2 pages
Prescription for CT scan dated 8/8/02 1 page
Lab report dated 8/8/02 1 page
Radiographic consultation dated 8/8/02 2 pages
Texas Workers Compensation work status report dated 9/13/02 1 page
Billing sheet dated 9/26/02 1 page
MRI report dated 9/27/02 1 page
Electromyography report dated 10/10/02 2 pages
(continued)

Progress note dated 10/10/02 1 page
Texas Workers Compensation Commission Work status report dated 10/10/02 1 page
Operative reports dated 11/7/02 2 pages
Texas Workers Compensation work status report dated 11/7/02 1 page
Operative reports dated 11/21/02 2 pages
Operative reports dated 12/5/02 2 pages
Texas Workers Compensation work status report dated 12/5/02 1 page
Prescription for ultrasound dated 12/9/02 1 page
Radiographic consultation dated 12/10/02 1 page
Progress notes dated 2/27/03 1 page
Texas Workers compensation work status report dated 2/22/03 1 page
Letter from Dr. Sundaresan, MD dated 4/10/03 1 page
Letter from Dr. Bartel, MD dated 4/18/03 1 page
Letter from Dr. Sundaresan, MD dated 5/7/03 1 page
Spine resource consultants report dated 7/31/03 3 pages
Letter from Dr. Sundaresan, MD dated 5/12/03 1 page
Letter from Dr. Sundaresan, MD dated 5/13/03 1 page
Letter from Dr. Sundaresan, MD dated 6/9/03 1 page
Letter from Dr. Sundaresan, MD dated 6/9/03 1 page
Progress notes dated 6/9/03 1 page
Texas Worker's compensation work status report dated 6/8/03 1 page
Letter from Dr. Sundaresan, MD dated 6/11/03 1 page
Letter from Dr. Sundaresan, MD dated 7/9/03 1 page
Progress notes dated 8/4/03 1 page
Texas Workers compensation work status report dated 8/4/03 1 page
Healthsouth Case synopsis dated 8/14/03 2 pages
History and physical exam dated 8/7/02 5 pages
Healthsouth aerobic fitness test summary dated 8/7/02 8 pages
Texas Workers Compensation work status report dated 8/14/03 1 page
Letter from Dr. Sundaresan, MD dated 9/18/03 1 page
Progress notes dated 10/9/03 1 page
Texas Workers Compensation Work status report dated 10/9/03 1 page
Letter from Dr. Sundaresan, MD dated 10/20/03 1 page
Letter from Dr. Sundaresan, MD dated 10/22/03 1 page
Letter from Dr. Sundaresan, MD dated 10/28/03 1 page
Chart notes dated 10/28/03 1 page
Injection report dated 10/28/03 1 page
Chart note dated 11/4/03 1 page
Injection report dated 11/4/03 1 page
Injection report dated 11/11/03 1 page
Chart notes dated 11/25/03 1 page
Injection report dated 11/25/03 1 page
Chart notes dated 12/2/03 1 page
Injection report dated 12/2/03 1 page
Progress notes dated 12/4/03 1 page
Progress notes dated 12/8/03 1 page
(continued)

Texas Workers Compensation status report dated 12/8/03 1 page
Letter from Dr. Sundaresan, MD dated 1/6/04 1 page
Progress notes dated 2/3/04 1 page
Texas Workers Compensation work status report dated 2/3/04 1 page
Texas Workers Compensation work status report no date listed 1 page
Progress notes dated 4/29/04/ 1 page
Texas Workers Compensation work status report dated 4/29/04 1 page
Designated Doctor examination notes dated 7/27/04 2 pages
Report of Medical evaluation dated 7/27/04 1 page
Progress notes dated 8/12/04 1 page
Texas Workers Compensation work status report dated 8/12/04 1 page
Progress notes dated 11/4/04 1 page
Texas Workers Compensation work status report dated 11/4/04 1 page
Progress notes dated 1/27/05 1 page
Texas Workers Compensation work status report dated 1/27/05 1 page
Texas Workers compensation work status report dated 1/27/05 1 page
Radiology report dated 2/15/05 2 pages
Radiology report dated 2/15/05 2 pages
History and physical dated 3/16/05 3 pages
Letter from Dr. Rosenstein, MD dated 3/31/05 1 page
Medical Conference note dated 4/7/05 1 page
Copy of check to MRloA from AR Claims Management dated 5/4/05 1 page
Letter from Raina Robinson dated 5/9/05 1 page

Summary of Treatment/Case History:

On ___ this now 42 year old female was involved in an accident when her car was struck from the rear driving her car into a car in front of her while she had stopped. She had a probable whiplash injury to her neck, and trauma to her chest and perhaps throat. She has had neck pain since. One record indicates she also had low back pain and swelling in her neck, but these complaints seem to have resolved. The early records indicate left arm pain but later right arm pain, which seems to be the case now. She was off work about a month after the injury, but has missed only a few days of work since as an accounting office manager. She has had medication for pain, nerve blocks, and epidural steroid injections but continues with neck pain. Dr. Bartel referred her to Dr. Sundaresan who requested a discogram, which was denied. Then Dr. Bartel referred her to Dr. Rosenstein who requested ACDF, which was refused two times.

Questions for Review:

1. Please address prospective medical necessity of the proposed anterior cervical discectomy fusion with 2-day length of stay, regarding the above-mentioned injured worker.

Explanation of Findings:

The findings are that this person was involved in an auto accident. She has neck pain and surgery has been recommended that has been denied two times. Now an appeal has been sent that must be addressed. She works in an office, but has missed little work. She wants pain relief, and if she does, she may not have to take pain pills and resume all her usual activities.

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There is no weakness of any muscles. The studies that have been done indicate either a ruptured disc or arthritis in her neck between the 5th and 6th neck bones where most of the movement in the neck takes place.

Conclusion/Decision to Not Certify:

1. Please address prospective medical necessity of the proposed anterior cervical discectomy fusion with 2-day length of stay, regarding the above-mentioned injured worker.

The diagnosis in this case has ranged from soft tissue injury to neck and chest wall, cervical disc injury, chronic left radiculopathy, right radiculopathy, cervical strain, right C5-6 disk herniation, degenerative disc disease C5-6 and C6-7, facet syndrome, axial neck pain to "severe spinal neck condition".

Therefore, the exact diagnosis is not clear. Based on the information at hand, the most likely diagnosis seems to be cervical spondylosis. An acutely HNP at C5-6 since 2002 surely would produce severe pain and neurological changes in reflex or weakness by this time, or lead to severe pain and loss of work. No such information is at hand.

After an acute injury to the cervical spine plain or simple radiographs of the spine are made. No such studies or reports can be located in this record. The first report is an MRI done over a month after the accident. Dr. Rosenstein in 2005 states that his review of the films show they have degraded over time and he can make no statement regarding what they show.

To properly evaluate this case, as the references shown below will indicate, radiographs of the cervical spine to include flexion and extension studies, repeat MRI of the cervical spine and probable discogram should be done. If these studies establish a diagnosis of cervical spondylosis, the consideration of ACDF could be given for pain relief.

References Used in Support of Decision:

Chapmans Orthopedic Surgery 3rd Edition 2001, Chapter 143 Cervical Disc disease and specifically pages 1348-49. Hacker, RJ et al Treatment cervical disc disorders, Journal Bone and Joint Surgery, February 01, 2001, page 301-95. Whiecloud T. Cervical Discogenic syndrome, Spine 12987:12:313. Wirth, F. P. Cervical Discectomy, Surgical Neurology 2000:53(4)340-8.

The specialist providing this review is board certified in Neurosurgery. The reviewer has served as the chief Neurosurgeon at several VA Hospitals throughout the country. The reviewer is a member of the American Medical Association, the American College of Surgeons, the American Paraplegia Society, Congress of Neurological Surgeons and the American Association of Neurosurgeons. The Reviewer has served as an association professor, assistant professor and clinical instructor at the university level. The reviewer also has publishing, presentation and research experience within their specialty. The reviewer has been in active practice for over 20 years.

MRIOA is forwarding this decision by mail, and in the case of time sensitive matters by facsimile, a copy of this finding to the treating provider, payor and/or URA, patient and the TWCC.

Either party to the 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 as per 28 Texas 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 as per Texas Admin. Code 102.4 (h) or 102.5 (d). A request for hearing should be sent to:

Chief Clerk of Proceedings
Texas Workers' Compensation Commission
POB 40669
Austin, TX 78704-0012

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

It is the policy of Medical Review Institute of America to keep the names of its reviewing physicians confidential. Accordingly, the identity of the reviewing physician will only be released as required by state or federal regulations. If release of the review to a third party, including an insured and/or provider, is necessary, all applicable state and federal regulations must be followed.

Medical Review Institute of America retains qualified independent physician reviewers and clinical advisors who perform peer case reviews as requested by MRIOA clients. These physician reviewers and clinical advisors are independent contractors who are credentialed in accordance with their particular specialties, the standards of the American Accreditation Health Care Commission (URAC), and/or other state and federal regulatory requirements.

The written opinions provided by MRIOA represent the opinions of the physician reviewers and clinical advisors who reviewed the case. These case review opinions are provided in good faith, based on the medical records and information submitted to MRIOA for review, the published scientific medical literature, and other relevant information such as that available through federal agencies, institutes and professional associations. Medical Review Institute of America assumes no liability for the opinions of its contracted physicians and/or clinician advisors. The health plan, organization or other party authorizing this case review agrees to hold MRIOA harmless for any and all claims which may arise as a result of this case review. The health plan, organization or other third party requesting or authorizing this review is responsible for policy interpretation and for the final determination made regarding coverage and/or eligibility for this case.

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cc: Requestor: Jacob Rosenstein Respondent: Raina Sims