



## 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 July 11, 2005.

Sincerely,

Gilbert Prud'homme  
General Counsel

GP/th

### **REVIEWER'S REPORT M2-05-1620-01**

#### **Information Provided for Review:**

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

From Requestor:

Office notes 03/21/05 – 04/26/05

Radiology report 03/16/05

From Respondent:

Correspondence

From Chiropractor:

Office notes 10/04/00 – 01/27/05

#### **Clinical History:**

The patient has been followed for a work-related neck injury. He underwent a C5/C6 anterior cervical discectomy and fusion on 01/04/01 and did relatively well. His postoperative course was

complicated by development of left-sided C7 radiculopathy, and CT scan showed large neural foraminal herniated disc. He was tried with conservative management, and surgical treatment was recommended by his treating doctor, a neurosurgeon.

**Disputed Services:**

C6-7 ACDF w/external bone growth stimulator with 2 days length of stay.

**Decision:**

The reviewer **disagrees** with the determination of the insurance carrier and is of the opinion that the procedure, DME and LOS are medically necessary in this case.

**Rationale:**

The treating doctor's medical records as well as the 2 previous peer review denials were reviewed. There are mentions of irregularities in the medical records; however, the records provided by the treating doctor adequately document conservative treatment for a C6/C7 radiculopathy and objective evidence showing significant neural foraminal encroachment. With a history of previous neck surgery, C5/C6 fusion, and large neural foraminal herniation, the reviewer does not believe epidural steroids would be a good idea. The patient has had a non-operative trial including steroids and pain medications and is a surgical candidate for the proposed procedure.