

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:

Texas Workers' Compensation Commission
Chief Clerk of Proceedings / Appeals Clerk
P.O. Box 17787
Austin, Texas 78744

FAX (512) 804-4011

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 August 31, 2005.

Sincerely,

Gilbert Prud'homme
General Counsel

GP/dd

**REVIEWER'S REPORT
M2-05-2103-01**

Information Provided for Review:

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

From Requestor:

Medical Necessity Letter
Office Notes 07/02/02 – 05/24/05
Nerve Conduction Study 05/09/02
Radiology 01/23/02 – 05/09/05

From Respondent:

Correspondence

Orthopedist

Office Notes 11/05 01 – 06/10/02
OR Reports 11/27/01 – 06/03/02

Clinical History:

The patient is a 46-year-old Hispanic female who fell at work on _____. She slipped on a wet surface, injuring her lower back and cervical spine. She did report a brief loss of consciousness. Since the injury she had low back pain that resolved. However, she had chronic cervical pain with arm paresthesias mainly in the right arm. The patient was treated conservatively for quite a while and had extensive workup including EMG study, CT myelogram, as well as selective nerve root injections and discogram. She has failed extensive conservative management including the injections, pain management, and physical therapy, and has continued to have persistent pain. Surgery was denied twice for single level fusion at the concordant disc level on the discogram.

EMG study revealed diffuse neuropathy. The treating physician's last note including medical necessity documented decreased range of motion and pain in the cervical spine as well as decreased reflexes.

Disputed Services:

ACDF @ C5/C6 with instrumentation and bone marrow aspiration has been denied as medically unnecessary.

Decision:

The reviewer disagrees with the determination of the insurance carrier and is of the opinion that the procedure in dispute as stated above is medically necessary in this case.

Rationale:

Based on my review of the medical records of this patient, although she does have diabetes and possible sensory neuropathy, she had no history of previous neck injury. The work-related injury caused chronic neck pain with cervicalgia and radiculopathy. She has had an adequate trial of conservative management and discogram results that would suggest she could benefit from a single level fusion at the C5/C6 level with nerve root decompression at that level, as well. Although this may not completely rid this patient of her pain and radicular symptoms, it is probably the most prudent surgical option at this point.