

August 22, 2005

Re: MDR #: M2-05-2125-01-SS **Injured Employee:**
TWCC#: **DOI:**
IRO Cert. #: 5055 **SS#:**

TRANSMITTED VIA FAX TO:
Texas Workers' Compensation Commission
Attention:
Medical Dispute Resolution
Fax: (512) 804-4868

REQUESTOR:
Richard Frances, MD
Attention: Irene
(713) 383-7500

RESPONDENT:
Service Lloyd's Ins. Co.
c/o Harris & Harris
Attention: Wisteria Hutchenson
(512) 346-2539

TREATING DOCTOR:
James Wildermuth, DC
(713) 520-7922

Dear Mr. ____:

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to IRI for an independent review. IRI has performed an independent review of the medical records to determine medical necessity. In performing this review, IRI reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the Secretary and General Counsel of Independent Review, Inc. and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this care for determination prior to referral to the Independent Review Organization. Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is a board certified in Orthopedic Surgery and is currently listed on the TWCC Approved Doctor List.

We are simultaneously forwarding copies of this report to the payor and the Texas Workers' Compensation Commission. This decision by Independent Review, Inc. is deemed to be a Commission decision and order.

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:

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 22, 2005.

Sincerely,

Gilbert Prud'homme
General Counsel

GP/th

**REVIEWER'S REPORT
M2-05-2125-01-SS**

Information Provided for Review:

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

From Requestor:

Office notes 02/15/05 – 05/10/05

Procedure notes 03/22/05 – 04/12/05

Radiology reports 07/26/04 – 10/04/04

From Respondent:

Correspondence

Designated doctor review

Clinical History:

The patient was injured on the job on _____. He tripped and landed on his head, injuring his cervical spine. Since then he developed paresthesias and weakness in the right arm. He was treated conservatively with physical therapy, traction, and epidural injections. He subsequently obtained nerve conduction studies and an MRI scan. He was found to have a C7 radiculopathy. A C5/C6 and C6/C7 anterior cervical decompression and fusion have been recommended as he has failed conservative management.

Disputed Services:

Anterior cervical decompression and fusion @ C5-6 and C6-7.

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:

The patient has a work-related injury to the cervical spine that is compensable. He has failed conservative management including physical therapy, traction, and cervical epidurals. His physical examination reveals C7 myotome weakness and C6/C7 dermatomal involvement. The proposed surgery is indicated for this patient, and his physical examination corroborates the findings.