

MEDICAL REVIEW OF TEXAS

[IRO #5259]

3402 Vanshire Drive

Austin, Texas 78738

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NOTICE OF INDEPENDENT REVIEW DETERMINATION

AMENDED 8/19/05

TWCC Case Number:	
MDR Tracking Number:	M2-05-2127-01-SS
Name of Patient:	
Name of URA/Payer:	Old Republic Insurance Company
Name of Provider: (ER, Hospital, or Other Facility)	
Name of Physician: (Treating or Requesting)	Lloyd Youngblood, MD

August 15, 2005

An independent review of the above-referenced case has been completed by a medical physician board certified in neurosurgery. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by Texas Medical Foundation, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

Medical Review of Texas (MRT) hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to MRT.

Sincerely,

Michael S. Lifshen, MD
Medical Director

cc: Royce Bicklein, Esq.
Lloyd Youngblood, MD
Texas Workers Compensation Commission

CLINICAL HISTORY

The following documents were reviewed:

- Information submitted by Flahive, Ogden & Latson including C&H Medical Solutions Medical Evaluation (5/5/05); Odessa Physical Therapy Functional Capacity Evaluation (7/5/05); and Genex correspondence;
- Medical records from Neurosurgical Associates of San Antonio; and
- Genex records including Medical Center Hospital, Golder C.A.T. Scan and M.R.I. Center [MRI of the cervical spine (12/7/04); MRI of the right knee (2/28/05)]; Peer Review by Gregory W. Baker, DC; MRI of the right shoulder (2/2/05; 10/15/04); MRI of the left knee (10/14/04); Back Pain Institute of West Texas Initial Report (10/6/04); prescriptions (Brian S. Murrell, MD)

This is a 48 year-old gentleman who on ____ was working as a trencher. He fell and struck his left knee, right shoulder and his right elbow. He was evaluated in a local emergency room and was treated and released. He presented to a chiropractor approximately two weeks later at which point he was complaining of pain radiating from his right shoulder, pain in his left knee and ankle, some pain in the right knee, restricted range of motion in the cervical area as well as headaches. Since that point he has been treated with cervical manipulations by Dr. Mehaffey, a chiropractor. He has also been given some physical therapy. The majority of information I have and it appears the majority of medical attention he has received has been directed at both his shoulder and his knee. He has had right shoulder surgery in November of 2004 for a rotator cuff tear. He had debriding and unfortunately post-operatively he did not improve. He is now waiting for a second rotator cuff repair as he has had complete retraction of the rotator cuff. He has also had left knee surgery

performed in March of this year. That situation seems to be minimally improved. He has had very few comprehensive neurologic exams and none of those has revealed any kind of cervical radiculopathy. He has had a MRI scan which reports a central and right sided disc protrusion at C5 with obliteration of subarachnoid space and impingement of the spinal cord as well as a central and left sided disc herniation at C6 extending into the neural foramen with obliteration of subarachnoid space and impingement of the spinal cord as well as the C7 nerve root.

REQUESTED SERVICE(S)

Two level anterior cervical discectomy, instrumentation and plating.

DECISION

Denied.

RATIONALE/BASIS FOR DECISION

This patient has received very little conservative management for his neck pain. The overwhelming majority of his treatment has been aimed at his shoulder and his knee. Further, it is unusual that this gentleman presents with neck pain radiating into his right shoulder, yet his imaging studies show, at least at C6, that he has extension of his disc into the left C7 neural foramen with no radicular signs or symptoms. According to the chart, his efforts have been less than optimal in terms of rehab. Plus there is very little reason to consider an anterior cervical discectomy and fusion on this patient based on his radiographic findings. Results are insufficient to justify a surgical procedure.

YOUR RIGHT TO REQUEST A HEARING

Either party to this 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 (20 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 **20** (twenty) calendar days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

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

Or fax the request to (512) 804-4011. A copy of this decision must be attached to the request.

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

In accordance with Commission Rule 102.4(h), 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 this 15th day of August, 2005.

Signature of IRO Employee: _____

Printed Name of IRO Employee: Cindy Mitchell