

August 31, 2005

TEXAS WORKERS COMP. COMISSION
AUSTIN, TX 78744-1609

CLAIMANT: ___
EMPLOYEE: ___
POLICY: M2-05-2169-01 /
CLIENT TRACKING NUMBER: M2-05-2169-01

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 8/12/05 1 page
Texas Workers Compensation Commission form dated 8/12/05 1 page
Medical dispute resolution request/response 2 pages
Table of disputed services 1 page
Provider form 1 page
Fax cover sheet from Dr. Cindrich, MD dated 5/11/05 1 page
Letter from Crawford and Company dated 5/20/05 1 page
Fax cover sheet from Dr. Cindrich, MD dated 6/8/05 1 page
Letter from Crawford and Company dated 6/19/05 1 page
(continued)

Letter from Gregory Solcher dated 8/3/05 2 pages

FROM THE REQUESTOR (AND TREATING PROVIDER):

Fax cover sheet dated 8/12/05 1 page
Prospective review information request dated 8/12/05 1 page
Fax cover sheet dated 8/12/05 1 page
Prospective review information request dated 8/12/05 1 page
Chart notes dated 10/13/04 - 7/29/05 4 pages
Daily notes report dated 8/2/04 - 8/11/04 2 pages
Subsequent medical narrative report dated 10/13/04 9 pages
Initial medical narrative report dated 8/2/04 7 pages
Chart notes dated 9/7/04 - 10/11/04 5 pages
Chart notes dated 12/20/04 - 11/16/04 8 pages
Letter from Dr. Blair, DC dated 1/18/05 1 page
Clinic visit notes dated 8/30/04 1 page
Initial evaluation and consultation dated 8/16/04 1 page
Chart notes dated 3/4/05 - 4/21/05 7 pages
Subsequent medical narrative report dated 12/14/04 9 pages
Chart notes dated 2/15/05 1 page
Daily notes report dated 8/2/04 - 9/3/04 6 pages
Handwritten chart notes dated 4/12/04 1 page
Nerve conduction velocity/needle EMG study dated 10/5/04 1 page
Letter from Dr. Cindrich, MD dated 11/18/04 2 pages
Chart notes (not dated) 2 pages
Letter of medical necessity for electrodiagnostic tests 1 page
Electrodiagnostic tests dated 8/26/04 3 pages
Fax cover sheet dated 9/13/04 1 page
Letter from Dr. Cindrich, MD dated 9/8/04 2 pages
Letter from Dr. Allred, MD dated 8/19/04 1 page
History upper extremity dated 8/18/04 3 pages
Fax cover sheet dated 8/19/04 1 page
MRI cervical spine w/o contrast dated 4/9/04 1 page
X-ray shoulder complete dated 4/1/04 1 page
MRI upper extremity dated 4/9/04 1 page
MRI lower extremity dated 4/9/04 1 page
Handwritten chart notes dated 8/2/04 1 page
Consultation dated 5/28 1 page
Consultation dated 4/9 - 5/11 1 page
Consultation dated 5/5/04 1 page
Subsequent evaluation dated 4/21/04 3 pages
MRI lower extremity dated 4/9/04 1 page
Orthopedic surgery report dated 4/1/04 2 pages
Initial evaluation notes dated 4/7/04 4 pages
Clinic notes dated 4/1/04 1 page
Initial evaluation dated 4/7/04 4 pages
Subsequent evaluation dated 4/21/04 2 pages
(continued)

Clinic notes dated 4/22/03 1 page
Work related injury report dated 4/7/04 1 page
Clinic notes dated 4/1/04 1 page
Work related injury report dated 4/21/04 1 page
Functional capacity evaluation dated 4/22/03 1 page
Clinic note dated 5/11/04 4 pages
Work related injury report dated 5/14/04 2 pages
Work related injury report dated 5/28/04 2 pages
Clinic notes dated 4/15/04 1 page
Clinic notes dated 4/15/04 1 page
X-ray knee dated 4/1/04 1 page
X-ray shoulder complete dated 4/1/04 1 page
MRI upper extremity dated 4/9/04 1 page
MRI cervical spine w/o contrast dated 4/9/04 1 page
Letter from Dr. Blair, DC dated 8/9/04 1 page
Letter from Dr. Blair, DC dated 8/17/04 1 page
Patient request for records dated 7/28/04 1 page
X-ray knee dated 4/1/04 1 page
MRI lower extremity dated 4/9/04 1 page
MRI lower extremity dated 4/9/04 1 page
X-ray knee dated 4/1/04 1 page
X-ray knee dated 4/1/04 1 page

FROM THE RESPONDENT:

Letter from Gregory D. Solcher, dated 8/19/05 2 pages
Letter from Gregory D. Solcher, dated 8/3/05 2 pages
Medical dispute resolution request/response 1 page
Provider form 1 page
Table of disputed services 1 page
Letter from Crawford and Company dated 5/20/05 1 page
Letter from Crawford and Company dated 6/19/05 1 page
Letter from Dr. Dowling, MD dated 9/22/04 5 pages
Electrodiagnostic studies dated 8/26/04 3 pages
Nerve conduction velocity/needle EMG study dated 10/5/04 1 page
Letter from Dr. Dowling, MD dated 5/25/05 3 pages
Texas Workers Compensation Commission form dated 11/30/04 2 pages
Employer's first report of injury or illness dated 1/14/04 1 page
Cervical myelogram report dated 1/4/05 1 page
CT cervical spine report dated 1/4/05 2 pages
Work status report dated 7/26/04 1 page
Daily notes dated 5/12/04 1 page
Work status report dated 7/7/04 1 page
Daily notes dated 1/14/04 2 pages
Initial evaluation dated 1/14/04 4 pages
Plan of care dated 1/14/04 2 pages
Adult therapy prescription dated 4/21/04 1 page
(continued)

Initial evaluation dated 5/4/04 4 pages
Plan of care dated 5/4/04 2 pages
Daily notes dated 5/12/04 2 pages
Progress notes dated 5/14/04 2 pages
Daily notes dated 5/14/04 2 pages
Work related injury report dated 5/28/04 3 pages
Work related injury report dated 5/28/04 2 pages
Work status report dated 5/28/04 1 page
Daily notes dated 5/21/04 2 pages
Work related Injury report dated 5/14/04 3 pages
Clinic notes dated 5/11/04 5 pages
Daily notes dated 5/10/04 2 pages
Daily notes dated 5/6/04 2 pages
Daily notes dated 5/7/04 2 pages
Daily notes dated 5/7/04 2 pages
Daily notes dated 5/7/04 2 pages
Clinic notes dated 5/11/04 5 pages
Work related injury report dated 5/14/04 3 pages
Progress notes dated 5/14/04 2 pages
Daily notes dated 5/14/04 2 pages
Work related injury report dated 4/21/04 4 pages
MRI cervical spine dated 4/9/04 2 pages
MRI upper extremity dated 4/9/04 2 pages
Work status report dated 5/14/04 1 page
Adult therapy prescription dated 4/21/04 1 page
Initial evaluation dated 5/4/04 4 pages
Plan of care dated 5/4/04 2 pages
Initial evaluation dated 5/4/04 4 pages
Plan of care dated 5/4/04 2 pages
Daily notes dated 5/6/04 2 pages
MRI cervical spine w/o contrast dated 4/9/04 2 pages
MRI upper extremity dated 4/9/04 2 pages
Work related injury report dated 4/21/04 4 pages
Work related injury report dated 4/7/04 5 pages
Work status report dated 1 page
Work related injury report dated 4/7/04 5 pages
Healthsouth chart notes dated 5/12/04 1 page
Work status report dated 4/7/04 1 page
Work related injury report dated 7/7/04 3 pages
Work related injury report dated 7/7/04 3 pages
Work related injury report dated 7/26/04 3 pages
Work related injury report dated 7/26/04 3 pages
Clinic notes dated 7/21/04 2 pages
Work status report dated 8/16/04 1 page
Daily notes report dated 8/18/04 – 8/23/04 2 pages
Work related injury report dated 7/26/04 3 pages
(continued)

Work status report dated 7/26/04 1 page
Clinic notes dated 4/1/04 3 pages
Clinic notes dated 7/21/04 2 pages
X-ray shoulder complete dated 4/1/04 2 pages
X-ray shoulder complete dated 4/1/04 2 pages
History upper extremity dated 8/18/04 3 pages
Daily notes report dated 8/24/04 - 9/3/04 3 pages
Subsequent medical narrative report dated 9/1/04 9 pages
Work status report dated 9/13/04 1 page

FROM DR. CINDRICH:

Letter from Dr. Cindrich, MD dated 1/11/05 2 pages
Letter from Dr. Cindrich, MD dated 11/18/04 2 pages
Letter from Dr. Cindrich, MD dated 9/8/04 2 pages
Addendum to X-ray Myec - W dated 3/28/05 2 pages
Addendum to X-ray cervical myelogram dated 1/4/05 5 pages
Bill from Hillcrest radiology services dated 1/4/05 1 page

Summary of Treatment/Case History:

The patient is a 35 year old male who was injured on ____ when 7 or 8 folding doors fell on him. He had complaints regarding his right shoulder and neck with nonspecific intermittent numbness and weakness in the right upper extremity that did not correspond to any specific nerve root injury. His MRI, cervical myelogram, and CT with contrast show no convincing evidence of nerve root compression. EMG and NCV on 8/26/04 indicated demyelinating lesions of ulnar, radial and median nerves in the right upper extremity with no evidence of cervical radiculopathy. The 10/5/04 EMG and NCV was read as normal. On 5/31/04, Dr. Madsen noted that Mr. ____ had full neck and shoulder motion without pain and he was returned to full duty. The records indicate that Mr. ____ worked at full or modified duty post injury.

Questions for Review:

1. Preauthorization request anterior cervical discectomy and fusion C5-6 with biomedical implant, bone protein and nerve monitor.

Explanation of Findings:

There is no evidence of cervical radiculopathy or myelopathy on physical examination or imaging studies. There is no evidence of cervical instability. Physical findings are nonspecific for any single nerve root involvement.

Clinical indications for cervical fusion are:

- Unstable traumatic anterior column fracture, especially burst fracture
- Traumatic disk herniation
- Ossification of the posterior longitudinal ligament
- Primary or metastatic tumor causing pathologic fracture or instability
- Spinal infectious disease
- Disk herniation with radiculopathy or myelopathy

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- Multilevel spondylotic myelopathy
- Multilevel spondylotic radiculopathy
- Subluxation and myelopathy associated with rheumatoid arthritis
- Spondylotic kyphosis when apex of kyphosis is the point of compression
- Other symptomatic instability or cord or root compression requiring anterior fusion with all of the following
- Patient unresponsive to conservative therapy (eg, rest, medication, cervical collar)
- Imaging study demonstrating corresponding pathological

None of the above indicators are present in this patient's case.

Conclusion/Decision to Not Certify:

1. Preauthorization request anterior cervical discectomy and fusion C5–6 with biomedical implant, bone protein and nerve monitor.

The decision is to not certify the pre–authorization request of the proposed services. See above for rationale.

References Used in Support of Decision:

Leventhal MR, Fractures, dislocations and fracture–dislocations of spine. In: Canale ST, editor Campbell's Operative Orthopaedics 10th ed. St Louis, MO Mosby; 2003: 1597–690 [Context link 1,2,3,4]

Williams KD, Arthrodesis of spine. In: Canale ST, editor Campbell's Operative Orthopaedics 10th ed. St Louis, MO Mosby; 2003: 1691–714 [Context link 1,2,3,4]

Huckell CB, Clinical outcomes after cervical spine fusion Orthopedic Clinics of North America 1998; 29(4):787–99 [Context Link 1,2,3]

Abraham DJ, Herkowitz HN, Indications and trends in use in cervical spinal fusions Orthopedic Clinics of North America 1998; 29(4):731–44 [Context Link 1,2]

The physician providing this review is board certified in Orthopedic Surgery. The reviewer holds additional certification from the American Board of Orthopaedic Surgery. The reviewer has served in capacity of executive committee member, credentials committee, chairman of the surgery department, board of directors and quality boards at various hospitals and medical centers. The reviewer currently serves as the Chief of Orthopedic Surgery at a VA Medical Center. The reviewer has been in active practice since 1970.

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.

YOUR RIGHT TO REQUEST A HEARING

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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 / Appeals Clerk
P. O. Box 17787
Austin, TX 78744

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, Respondent