

# MEDICAL REVIEW OF TEXAS

[IRO #5259]

3402 Vanshire Drive

Austin, Texas 78738

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## NOTICE OF INDEPENDENT REVIEW DETERMINATION

TWCC Case Number:	
MDR Tracking Number:	M2-05-2195-01
Name of Patient:	
Name of URA/Payer:	Liberty Mutual Fire Insurance
Name of Provider: (ER, Hospital, or Other Facility)	
Name of Physician: (Treating or Requesting)	Robert Myles, MD

August 22, 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: Robert Myles, MD  
Texas Workers Compensation Commission

#### CLINICAL HISTORY

Records reviewed included:

- \* Medical evaluations submitted by MRI Group (Karen Perl, DO and Nicholas G. Iwasko, MD);
- \* Medical records from Liberty Mutual Group including Peer Review Analysis (Leela Rangaswamy, MD; F. Daniel Kharrazi, MD);
- \* Records from Orthopedic Institute of Texas which include a surgical request for a C5 and C6 anterior cervical fusion with instrumentation and plating; and
- \* Lab work, an EKG and an evaluation by his pain management physician, Dr. Farhat.

This gentleman states that he hurt himself on \_\_\_\_\_. He got off of a forklift and slipped on some debris. Immediately following that he felt dizzy and he developed pain in his neck, lower back, right shoulder, right arm, right elbow, right forearm and right hand. He was evaluated by a chiropractor and had chiropractic management as well as therapy. He had no substantial improvement; therefore an MRI scan was obtained. There was evidence of a previous C4 anterior cervical discectomy and fusion and he was noted to have spondylosis at C6 where moderate central canal stenosis and severe right lateral recess stenosis was identified. He was evaluated by a pain management physician and he was supposed to be set up for cervical epidural injections as well as trigger point injections. While I don't have any information as to whether these were performed, currently they are ineffective because in March of this year he had an orthopedic evaluation. A CT myelogram was recommended and he was found to have at C3 severe left and moderate right neural foraminal narrowing with mild central canal stenosis. At C4 he was found to have an intact spinal fusion and at C5 he was noted to have mild central canal stenosis with a 3mm right para central disc protrusion and at C6, a 7mm central and right sided osteophyte disc protrusion complex with

moderate central canal stenosis and mild bilateral foraminal narrowing. Because of his lack of improvement, a C5 and C7 anterior cervical discectomy and fusion has been recommended.

REQUESTED SERVICE(S)

Anterior cervical discectomy fusion at C5-6 and C6-7 with iliac crest bone marrow aspiration.

DECISION

Denied.

RATIONALE/BASIS FOR DECISION

This gentleman has been imaged fairly well. He has both a MRI as well as a CT myelogram which do indeed show abnormalities at C6 which correlate nicely with his limited physical exam. There really has not been an exhaustive physical exam performed on this patient but the exams that have been done are somewhat consistent with a C7 radiculopathy. Therefore, his only true clinical complaint that correlates with his imaging studies is the C6 disc and osteophyte complex. While I think that this gentleman does need attention to his C7 nerve root, an anterior cervical discectomy at two levels would be an inappropriate procedure. A simple foraminotomy over his C7 nerve root would be much more appropriate particularly in light of the fact that this gentleman has already had a fusion at C4. The creation of a three level block fusion is almost certainly going to lead to additional stenosis particularly in light of the fact that he already has problems at C3 currently. Therefore, this small surgical procedure done on this gentleman to alleviate the symptoms is at most inappropriate.

## 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 23<sup>rd</sup> day of August, 2005.

Signature of IRO Employee: \_\_\_\_\_

Printed Name of IRO Employee: Cindy Mitchell