

IRO America Inc.
An Independent Review Organization
7626 Parkview Circle
Austin, TX 78731
Phone : 512-346-5040
Fax: 512-692-2924

facsimile transmittal

To: Fax: 512-804-4868
From: IRO America Date: 3/27/2008
Re: Final Review Letter Pages: 6
Cc:

Urgent For review Please Please reply Please recycle

IRO America Inc.

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Austin, TX 78731

Phone: 512-346-5040

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February 1, 2006

TDI-DWC Medical Dispute Resolution

Fax: (512) 804-4868

Patient: _____
TDI-DWC #: _____
MDR Tracking #: M2-06-0457-01
IRO #: 5251

IRO America Inc. (IRO America) has been certified by the Texas Department of Insurance as an Independent Review Organization. The TDI, Division of Workers' Compensation (DWC) has assigned this case to IRO America for independent review in accordance with DWC Rule 133.308 which allows for medical dispute resolution by an IRO.

IRO America 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.

The independent review was performed by a matched peer with the treating doctor; the Reviewer is a credentialed Panel Member of IRO America's Medical Knowledge Panel who is a licensed MD, board certified and specialized in Orthopedic Surgery. The reviewer is on the DWC Approved Doctor List (ADL).

The IRO America Panel Member/Reviewer is a health care professional who has signed a certification statement stating that no known conflicts of interest exist between the Reviewer and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent, or any of the treating doctors or insurance carriers health care providers who reviewed the case for decision before referral to IRO America for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

RECORDS REVIEWED

Notification of IRO Assignment, records from the Requestor, Respondent, and Treating Doctor(s), including:

- Office notes, Dr. Wilson, 12/04/98, 01/04/99, 01/27/00, 05/04/00, 08/24/00, 02/11/02, 09/05/02,
- Handwritten notes, not legible, 03/03/00, 09/22/00, 10/25/02, 02/14/03, and 11/10/03
- Office call, 01/12/04
- Handwritten notes, 01/20/04, 04/08/04, 05/21/04, 06/16/04, 09/10/04, 11/04/04, 12/30/04, 01/27/05, 02/25/05, 03/29/05, 04/29/05, 05/31/05, 07/08/05, 08/08/05, 09/18/05, 10/28/0, 12/09/05, and 12/20/05
- Cervical MRI, 04/28/05
- Office note, Dr. LeGrand, 06/02/05, 06/13/05, 06/27/05, 10/27/05, 11/07/05, 11/10/05, and 12/29/05
- Cervical CT myelogram, 06/10/05
- Peer review, 11/03/05
- EMG study, 11/18/05
- Claims services denial letter, 12/12/05

CLINICAL HISTORY

The Patient has a history of cervical spine pain and bilateral upper extremity pain reportedly as a result of a fall at work on ____. He underwent a C5 to C7 fusion in 1999. According to the documentation, The Patient's neck and left arm pain never resolved postoperatively despite treatment with chiropractic care, physical therapy, anti-inflammatory medications and several epidural and facet injections.

On 4/28/05 a cervical MRI demonstrated a C3-C4 central disk protrusion and a C4-C5 disk bulge with loss of disk space height. The Patient was referred for a surgical evaluation on 6/02/05. On examination there was painful range of motion in all directions and decreased sensation in the C5 dermatome. The impression was cervical disc disease mainly at C4-5 with left C5 radiculopathy. A CT myelogram dated 6/10/05 demonstrated moderate anterior extradural defect present at C3-4 secondary to hypertrophic spurring and bulging of the disc and mild posterior hypertrophic spurring at the C4-5 disc space causing mild encroachment upon the anterior aspect of the dural sac.

On 6/13/05 the physician recommended epidural steroid injections as they helped him the past. According to the 6/27/05 follow up note further steroid injections were denied by the carrier. The physician recommended surgical intervention of an anterior discectomy and interbody fusion and plating of the C4-5 level, with removal of the previously placed C5 plate and bilateral upper extremity EMG studies. On 11/18/05 the EMG/NCV study demonstrated worsening left carpal tunnel syndrome and ulnar nerve impairment but no evidence of radiculopathy.

The documentation indicated that the request for the additional cervical surgery was denied by peer review on 11/03/05 and again on 12/12/05. The Patient requested a medical dispute resolution for reconsideration based on the medical records.

DISPUTED SERVICE(S)

Under dispute is the prospective, and/or concurrent medical necessity of Anterior cervical discectomy with fusion and plating C4-C5; removal of previous plate.

DETERMINATION/DECISION

The Reviewer agrees with the determination of the insurance company.

RATIONALE/BASIS FOR THE DECISION

This 65 year old male is over six years post C5 to C7 cervical fusion with persistent neck and arm pain. Conservative treatment postoperatively has not improved The Patient's symptoms. A cervical myelogram reveals cervical degenerative disc disease at C3-4 and C4-5 and electrodiagnostic studies did not identify any evidence of cervical radiculopathy. The physician has recommended an anterior cervical discectomy and fusion of C4-5.

Based upon medical records reviewed, The Reviewer's cannot recommend the proposed surgery as medically necessary. The diagnostic studies do not reveal any disc herniation or evidence of nerve root impingement. While The Reviewer would submit that The Patient has weakness of the left deltoid and bilateral arm pain, the findings are not supported by the electrodiagnostic studies. Therefore The Reviewer agrees with the Insurance Carrier.

Screening Criteria

1. Specific:

- AAOS, Orthopedic Knowledge Update, Spine 2, chapter 32, pages 302-06

2. General:

In making his determination, the Reviewer had reviewed medically acceptable screening criteria relevant to the case, which may include but is not limited to any of the following: Evidence Based Medicine Guidelines (Helsinki, Finland); Texas Medical Foundation: Screening Criteria Manual (Austin, Texas); Texas Chiropractic Association: Texas Guidelines to Quality Assurance (Austin Texas); Texas Medical Foundation: Screening Criteria Manual (Austin, Texas); Mercy Center Guidelines of Quality Assurance; any and all guidelines issued by DWC or other State of Texas Agencies; standards contained in Medicare Coverage Database; ACOEM Guidelines; peer-reviewed literate and scientific studies that meet nationally recognized standards; standard references compendia; and findings; studies conducted under the auspices of federal government agencies and research institutes; the findings of any national board recognized by the National Institutes of Health; peer reviewed abstracts submitted for presentation at major medical associates meetings; any other recognized authorities and systems of evaluation that are relevant.

CERTIFICATION BY OFFICER

IRO America has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. IRO America has made no determinations regarding benefits available under the injured employee's policy.

As an officer of IRO America Inc., I certify that there is no known conflict between the Reviewer, IRO America and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

IRO America is forwarding by mail or facsimile, a copy of this finding to the DWC, the Injured Employee, the Respondent, the Requestor, and the Treating Doctor.

Sincerely,
IRO America Inc.

Dr. Roger Glenn Brown
President & Chief Resolutions Officer

Cc: _____

Employers General Ins.
Attn: Neal Moreland
Fax: 512-732-2404

Dr. Robert LeGrand
Fax: 325-657-0875

Your Right To Appeal

If you are unhappy with all or part of this decision, you have the right to appeal the decision. The decision of the Independent Review Organization is binding during the appeal process.

If you are disputing the decision (other than a spinal surgery prospective decision), the appeal must be made directly to a district court in Travis County (see Texas Labor Code §413.031). An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable. If you are disputing a spinal surgery prospective decision, a request for a hearing must be in writing and it must be received by the Division of Workers' Compensation, Chief Clerk of Proceedings, within ten (10) days of your receipt of this decision.

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

I hereby certify, in accordance with DWC Rule 102.4 (h), that a copy of this Independent Review Organization decision was sent to the carrier, requestor, claimant (and/or the claimant's representative) and the DWC via facsimile, U.S. Postal Service or both on this 1st day of February, 2006.

Name and Signature of IRO America Representative:

Dr. Roger Glenn Brown
President and Chief Resolutions Officer