America Inc.

An Independent Review Organization
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May 18, 2006

TDI-DWC Medical Dispute Resolution
Fax: (512) 804-4868

Patient:	___
TDI-DWC #:	___
MDR Tracking #:	M2-06-0971-01
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:

- Cervical MRI, 09/17/99, 01/29/02
- Letter from Dr. Menard, 03/07/02
- Procedure note, 03/27/02, 06/14/02, 08/16/02, 09/09/05 and 01/05/06
- Office notes, Dr Menard, 04/29/02, 05/28/02, 07/30/02, 09/26/02 and 01/06/03
- Designated Medical Examination by Dr. McCarty, 12/02/02
- Peer review, 02/03/06 and 02/13/06

CLINICAL HISTORY

The Patient is a ____male injured on _____. According to the records provided he is status post anterior discectomy and fusion at C3-4 performed in 1999. Reportedly The Patient also underwent right joint debridement and distal clavicle resection of the left shoulder on 04/17/02 and a diagnostic arthroscopy of the right shoulder for a partial tear of the right biceps tendon and partial tear of the anterior labrum performed on 07/03/02.

A cervical MRI done on 01/29/02 revealed expected post-op changes following anterior cervical fusion at C3-4. In a letter from Dr. Menard dated 03/07/02 he documented that The Patient had decreased cervical and shoulders motion. Sensation at that time was grossly normal except that both shoulders were hypesthetic in the C4 distribution. There was also weak grip strength of the first fingers bilaterally rated 4/5. On 03/27/02 and 06/14/02 cervical epidural steroid injections to the C5-6 level were performed.

On 07/30/02 Dr. Menard documented that the injection helped 50 percent for two weeks then gradually wore off. On exam there was tenderness over the lower cervical facets at C4-6 bilaterally. On 08/16/02 a right C4-5 and C5-6 facet injection was performed. On 09/26/02 Dr. Menard noted that the shots in the neck helped about 50 percent. On exam there was tenderness over the C6-7 facets bilaterally. Dr. Menard documented that The Patient had responded to facet injections although he did not have complete resolution of his pain.

A designated doctor examination performed by Dr. McCarty on 12/02/02 indicated that The Patient had reached maximum medical improvement with a whole person impairment of 15 percent. On 01/06/03 Dr. Menard documented left shoulder popping and also that the right shoulder got stuck every once in a while. At that time Bextra and Tylenol #3 was prescribed.

On 09/09/05 a cervical epidural steroid injection to C3-4 was performed. On 01/05/06 cervical facet steroid injections were performed to the bilateral C5-6 and bilateral C6-7 levels. Cervical rhizotomy to the bilateral C5-6 and C6-7 levels had been requested but denied per peer review on 02/03/06 and 02/13/06. This denial has been appealed.

DISPUTED SERVICE(S)

Under dispute is the prospective, and/or concurrent medical necessity of radiofrequency thermocoagulation rhizotomy cervical facets bilateral C5-6, C6-7-total of four to be performed outpatient at covenant surgical center.

DETERMINATION/DECISION

The Reviewer agrees with the determination of the insurance company.

RATIONALE/BASIS FOR THE DECISION

Based on a review of the medical records provided the request for the radiofrequency thermocoagulation rhizotomy cervical facets bilateral C5-6, C6-7-total of 4 to be performed as an outpatient is not recommended as medically necessary. This Patient appears to have a longstanding history of cervical pain after an injury which occurred in ____. Medical records provided actually initiate in 1999. Treatment for This Patient has included both cervical epidural steroid injections as well as facet injections. It appears he underwent his most recent facet injection to the bilateral C5-6 and C6-7 levels on 01/05/06. No physician generated medical records however have been provided since 01/06/03. The Patient's clinical course, objective physical examination findings and functional limitations are not known. While he is post facet injections performed in January, Dr. Menard has not provided any documentation to confirm a favorable response to this treatment. While a rhizotomy procedure can be an appropriate form of treatment if patients respond positively to facet injections, the medical records provided for This

Patient do not indicate that this is the case. Therefore, The Reviewer's medical assessment is that the requested rhizotomies cannot be recommended as medically necessary.

Screening Criteria

1. Specific:

- Official Disability Guidelines Treatment in Workers' Comp 2006; 4th edition; Pages 1120-1121

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 Resolution Officer

Cc:	Texas Mutual Ins. Attn: Richard Ball Fax: 512-224-7094	David Hagstrom Fax: 806-792-6881

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 Patient's representative) and the DWC via facsimile, U.S. Postal Service or both on this 18th day of May, 2006.

Name and Signature of IRO America Representative:

Sincerely
IRO America Inc.

Dr. Roger Glenn Brown
President & Chief Resolution Officer