



Specialty Independent Review Organization, Inc.

December 19, 2005

\_\_\_\_\_  
DWC Medical Dispute Resolution  
7551 Metro Center Suite 100  
Austin, TX 78744

Patient: \_\_\_\_  
DWC #: \_\_\_\_  
MDR Tracking #: M2- 06-0272-01  
IRO #: 5284

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

Specialty IRO 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.

This case was reviewed by a licensed Doctor of Osteopathy with a specialty in Orthopedics. The reviewer is on the DWC ADL. The Specialty IRO health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to Specialty IRO for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

#### CLINICAL HISTORY

This 42 year old female injured her neck when she slipped and fell on the ice while getting out of the bus. Following the injury the patient received physical therapy, chiropractic care, work hardening, epidural steroid injections x 2, and two surgeries.

A cervical fusion at C6-7 on 3/15/2002 and a cervical fusion at C5-6, 6-7 on 7/14/2003 were performed.

Following the surgery the patient has redeveloped pain in the cervical region extending to bilateral shoulders, the symptoms are worse with elevating the upper extremities over the head, sitting, bending, and coughing.

Currently the patient complains of constant headache, neck pain with spasms extending down her paraspinal muscles to T-7.

Physical Examination reveals tenderness with muscle spasm in the cervical spine, clonus in bilateral trapezius, decreased sensation in the upper extremity, range of motion restricted, and extremely painful in extension.

#### RECORDS REVIEWED

Corvel, Letters: 8/17 and 8/30/2005.

R Myles MD, Letter: 10/14/2005.

J Armstrong DC, Letter: 9/27/2005.

Records from Doctor/Facility:

R Myles MD, Reports: 3/15/2001 through 12/17/2004.

Outpatient Imaging, CT: 4/23 and 7/30/2002.

North Hills Hospital, X-ray: 3/15/2002.

P Cantu MD, Discogram/CT: 10/08/2001.

M Lee MD, CT: 4/23/2001.

TMI, MRI: 2/28/2001.

A Adedokun DO, EMG: 1/18/2005.

R Lowry MD, Report: 7/8/2002.

D Rudick PhD, Report: 7/9/2003.

L Terrell, Letter: 10/7/2004.

North Hills Hospital, Reports: 3/15/2004.

Corvel, Letter: 4/24/2003.

Texas Bone and Joint, FCE: 7/24 and 8/25/2004.

Westport PT, FCE: 2/4/2003.

Additional Records from Patient:

NONE (records were received from the patient; however, they were not different from the other records received from the other parties)

Additional Records from Carrier:

Corvel, Letter: 11/23/2005.

D Chavda MD, Reports: 7/24 and 7/28/2004.

Genex, Report: 4/1/2004.

#### REQUESTED SERVICE

The requested service is a cervical myelogram.

## DECISION

The reviewer disagrees with the previous adverse determination.

## BASIS FOR THE DECISION

This 42 year old female has undergone two cervical fusions and now has recurrent muscle spasm, increasing pain associated with decreasing function. A myelogram/CT would indicate if there is any new pathology or if there was a problem at the surgical site. A CT myelogram is medically necessary to determine the cause of the increasing symptoms.

## REFERENCES

Clark: The Cervical Spine, 4<sup>th</sup> Edition.  
Rothman and Simeon: The Spine, 4<sup>th</sup> Edition.  
Greenspan: Orthopedic Imaging, 4<sup>th</sup> Edition.  
Kaplan, Helms, et al: Musculoskeletal MRI.  
Manaster, Dissler, May: Musculoskeletal Imaging, 2<sup>nd</sup> Edition.

Specialty IRO has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Specialty IRO has made no determinations regarding benefits available under the injured employee's policy. Specialty IRO believes it has made a reasonable attempt to obtain all medical records for this review and afforded the requestor, respondent and treating doctor an opportunity to provide additional information in a convenient and timely manner.

As an officer of Specialty IRO, Inc, dba Specialty IRO, I certify that the reviewing provider has no known conflicts of interest between that provider 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 carrier health care providers who reviewed the case for decision before referral to the IRO.

Sincerely,

Wendy Perelli, CEO

**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.**

Sincerely,

Wendy Perelli, CEO

**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 via facsimile, U.S. Postal Service or both on this 19<sup>th</sup> day of December 2005**

**Signature of Specialty IRO Representative:**

**Name of Specialty IRO Representative: Wendy Perelli**