

MEDICAL REVIEW OF TEXAS

[IRO #5259]

10817 W. Hwy. 71

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NOTICE OF INDEPENDENT REVIEW DETERMINATION

| | |
|--|-----------------------------|
| TDI-WC Case Number: | |
| MDR Tracking Number: | M2-06-0409-01 |
| Name of Patient: | |
| Name of URA/Payer: | American Home Assurance Co. |
| Name of Provider: (ER, Hospital, or Other Facility) | |
| Name of Physician: (Treating or Requesting) | Eric A. Gioia, MD |

December 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 the Division of Workers' Compensation 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: Eric A. Gioia, MD
Division of Workers' Compensation

CLINICAL HISTORY

RECORDS REVIEWED:

1. Notification of IRO assignment which includes the medical dispute and the medical dispute resolution form.
2. Notes from a legal action that finds claimant to be bound by the boundary of cervical symptoms.
3. Office notes from Eric Goya, who is a neurosurgeon, extending from 08/17/2005 to 11/01/2005.
4. Cervical myelogram dated from 09/30/2005 which shows spinal stenosis at C5 and C6.
5. MRI scan of the cervical spine showing results similar to the myelogram.
6. Description of an epidural spine injection performed on 12/01/2005.

This gentleman is a 54-year-old man who was injured at work in _____. He was stacking batteries and ran into a colleague which caused him to jerk quite a bit, and he developed low back, right shoulder, and neck complaints. His chief complaint now is severe neck pain, as well as bilateral arm pain, as well as paresthesias. His past history is significant for a previous posterior cervical surgery.

He has had a myelogram which finds him to have a hyperkyphosis as well as C5 and C6 severe spinal stenosis. This confirmed an earlier MRI scan. The patient has recently had an epidural steroid injection.

REQUESTED SERVICE(S)

Requested surgical procedure is a C5, C6, C7 corpectomy with spinal canal reconstruction.

DECISION

Approved.

RATIONALE/BASIS FOR DECISION

This patient has noted cervical spinal stenosis. Although not clearly stated, what is described by the patient is a Lhermitte's sign which is an indication of spinal cord dysfunction. While on exam he is not truly myelopathic; in fact, on exam there does not appear anything for a radiculopathy beyond decreased left biceps reflex and right triceps reflex, the Lhermitte's sign is highly motivating. One could approach this surgically from either posterior or anterior. As only two disk levels are involved, an anterior approach is still reasonable, and with the hyperkyphotic angle, this is probably the most reasonable way of going, particularly in light of the fact that he has had previous posterior surgery. The basis for this decision can be found in *Yeoman's Textbook of Neurosurgery*.

Certification of Independence of Reviewer

As the reviewer of this independent review case, I do hereby certify that I have no known conflicts of interest between the 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.

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.

Chief Clerk of Proceedings
Division of Workers' Compensation
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 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 27th day of December, 2005.

Signature of IRO Employee: _____

Printed Name of IRO Employee: Cindy Mitchell