

MEDICAL REVIEW OF TEXAS

[IRO #5259]

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NOTICE OF INDEPENDENT REVIEW DETERMINATION

TDI-WC Case Number:	
MDR Tracking Number:	M2-06-0534-01
Name of Patient:	
Name of URA/Payer:	Edinburg ISD
Name of Provider: (ER, Hospital, or Other Facility)	
Name of Physician: (Treating or Requesting)	Daniel Boyd, DO

February 2, 2006

An independent review of the above-referenced case has been completed by a medical physician board certified in neurosurgical surgery. 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: Lloyd Youngblood, MD
Division of Workers' Compensation

DOCUMENTS REVIEWED

1. The notification for IRO assignment describing previous rejections.
2. A large packet of information from the Neurosurgical Associates of San Antonio in which is included Dr. Youngblood's notes from 7/26/2000 to 8/4/2005. It also includes Dr. Dennis Kasireck's notes from 8/16/2003. It also includes the operative reports from 1/01 1997 and 6/05 2000 as well as radiology reports including cervical MRI scans dated 9/17/1996, 9/27/1999, 7/25/2005, and cervical x-ray of 7/26/2000, 10/25/2000, and 2/07/2001.
3. Independent medical reviews performed by the Occupational Industrial Health Center dated 1/16/2004.
4. Impairment ratings performed by Michael Oliver on 2/22/2000.
5. Extensive physical therapy notes from 1996 through 1998.
6. Chiropractic clinic notes from Patterson Chiropractic Clinic from 1996 forward.

CLINICAL HISTORY

___ is a 35-year-old woman who was injured on ____. She was working in a classroom and was unpacking and moving some boxes when she had significant neck pain. She was treated with chiropractic management, ultimately steroid injections, and finally she had imaging studies secondary to lack of improvement, and she was noted to have what is described as a tiny disc herniation at C5. There was a question whether this would be as significant if a C6 radiculopathy was present. She was seen by Dr. Lloyd Youngblood, a neurosurgeon in San Antonio, Texas, who felt that she did indeed have a C6 radiculopathy. Therefore she had an anterior cervical discectomy, fusion and plating in 1997 at C5. Unfortunately, she redeveloped neck pain more than a year postoperatively. She had imaging studies that revealed a pseudoarthrosis at C5. She then underwent a C5-C6 laminectomy, posterior lateral fusion, and instrumentation on 6/05/2000. She did

fairly well postoperatively. Her arm symptoms pretty much resolved. Her neck was still mildly problematic. However, she began complaining later of radiating left arm pain. Dr. Youngblood followed her for a number of years with the patient's intermittent complaint of left arm pain. However, in March of 2003, the pain was bad enough that she was referred to pain management evaluations for epidural injections. She was found a little more than a year later to have developed weakness of her left tricep and there was strong concern that she had developed a C7 radiculopathy. Just about a year later, Dr. Youngblood found her to have definite weakness of her left deltoid, supra- and infraspinatus muscle. No mention on this visit of weakness in her tricep. An imaging study was obtained on 7/25/05, specifically an MRI scan, which found at C4 a moderate disc protrusion but no spinal cord embarrassment, and she was noted to have both neural foramina patent. The C6 level was described as being normal with no disc protrusion. The previous five years Dr. Youngblood had been stating that she had had a C6 kyphotic deformity and later the kyphotic deformity was not reducing with extension. By inference, he was suggesting that in the past it had. He felt that she had junctional disease at both C4 and at C6, and he has now recommended to the patient, removal of her anterior cervical instrumentation and anterior cervical fusion at both C4 and at C6 with anterior cervical instrumentation which would culminate an effusion from C4 through C7.

REQUESTED SERVICE(S)

C4 through C7 anterior cervical discectomy fusion and instrumentation.

DECISION

Denied.

RATIONALE/BASIS FOR DECISION

While reviewing this chart and going through first Dr. Youngblood's dictation, surgical recommendation was appropriated despite this rather unusual nature. However, reviewing the reports of the imaging studies, there is no support for this surgical procedure. Specifically, C6 is defined as being normal in the MRI scan. Further the C4 abnormality is also quite mild and it states that the neural foramina are patent. This does not coincide with the clinical exam. Dr. Youngblood has found in situations like this, the standard of care is

either to perform an ECG and if positive follow up with a CT myelogram or move straight to a CT myelogram. Further, if there is instability at the C5 level, a CT myelogram should be performed for that reason alone with flexion/extension films to document the abnormality and what actually happens to the C7 nerve roots with forward flexion. This is standard of care and it can be supported by virtually every text book written on neurosurgery, specifically *Wilkin's, Youman's*. The criteria for a surgical procedure based on neurologic findings would be a positive clinical exam supported by a positive electrodiagnostic study or an imaging study. At this point we do not have electrodiagnostic studies or a complimentary imaging study. Dr. Youngblood is probably on the right track particularly if this patient is indeed developing weakness in both the C5 and C7 myotomes but a CT myelogram must be performed to verify root compromise or at the very minimum an electrodiagnostic study to confirm that.

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 3rd day of February 2006.

Signature of IRO Employee: _____

Printed Name of IRO Employee: Cindy Mitchell