

IRO America Inc.

An Independent Review Organization

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May 25, 2006

TDI-DWC Medical Dispute Resolution

Fax: (512) 804-4868

Patient: _____

TDI-DWC #: _____

MDR Tracking #: M2-06-1251-01

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 visit, Dr. King, 10/22/03, 12/24/03, 01/12/04
- EMG/NCV, 12/22/03, 11/24/04
- Office visit, Dr. Henderson, 01/23/04, 11/08/04, 12/06/04
- MRI, cervical, 11/24/04
- Procedure note, 12/27/04
- Office visit, Dr. Masel, 08/16/05, 03/14/06

- Pre-authorization letter regarding surgery, 03/21/06

CLINICAL HISTORY

The Patient is a 52 year old male with _____ date of injury. He was seen by Dr. King on 10/22/03 with problems in the neck, right elbow, right hand and left hand. X-rays of the cervical spine reportedly showed degenerative disc disease between the 3-4, 4-5 and 5-6 levels. An EMG/NCV study performed on 12/22/03 revealed an evolving right C6-7 radicular injury.

The Patient returned to Dr. King's office on 12/24/03 with continued neck pain and numbness and tingling going into the right upper extremity. He also reported right elbow pain. On examination there was restricted cervical motion. Some weakness of the triceps was present but it was unclear if this was pain or true weakness. Deep tendon reflexes were hypoactive. Pain over the lateral epicondylar area going into the forearm was also present. A consult with neurosurgeon, Dr. Henderson, was recommended. On 01/12/04 The Patient noted continued pain along with hypesthesia over the thumb and the index finger.

According to Dr. Henderson's 01/23/04 note The Patient's chief complaint was right C6 radiculopathy. Reportedly his symptoms were improving and his physical examination remained stable. Diagnosis was C6 radiculopathy, right side and epidural steroid injections were recommended. On 11/08/04 The Patient had continued neck and right upper extremity pain. A cervical MRI done on 11/24/04 revealed foraminal disc protrusions on the left at C5-6 and on the left at C6-7 narrowing the respective neuroforamina. Cervical spondylosis was also present. EMG/NCV studies done on 11/24/04 revealed what appeared to be a chronic C6-7 radicular injury of moderate character and mild slowing across the ulnar region of the elbow and the ulnar nerve. Reduced amplitude of the sensory responses of unclear etiology was also noted.

On 12/06/04 The Patient returned to Dr. Henderson's office with right sided cervical radiculopathy and ulnar neuropathy. He reported numbness in the right fifth digit. Exam revealed slightly decreased strength in the upper extremity that was not very noticeable on physical examination. Dr. Henderson documented that it did not appear to fit a clear radicular pattern or a single nerve lesion. Dr. Henderson documented that the MRI showed C5, C6, C6-7 foraminal stenosis which was moderate, but not quite severe. On 12/27/04 The Patient underwent a C5-6 interlaminar epidural steroid injection.

On 08/16/05 The Patient was seen by Dr. Masel with neck pain. Reportedly he had been complaining of neck pain, loss of strength in the right arm and tingling in the fingers. It was documented that the repetitive motion from conducting, tuning the instrument and playing the violin caused pain down the neck, back, right arm and hand. Medications had included Hydrocodone, Celebrex, Celexa and others without help. Exam revealed deltoid strength of 5/5. Triceps and biceps strength were 4/5 bilaterally and right hand intrinsics were 4 plus/5. Sensation was decreased to pinprick and deep tendon reflexes were 2 plus/4. Surgical intervention was discussed and The Patient was to be sent for a cervical myelogram.

The Patient returned to Dr. Masel's office on 03/14/06 with bilateral neck and right arm pain. On exam strength to the right deltoid, triceps and biceps was 4 plus//5. He still had tingling which went down the right elbow. According to Dr. Masel the thin cut CT done on 10/14/05 revealed the C4-5 disc with mild bulging and endplate ridging with mild central canal stenosis and bilateral mild foraminal stenosis. The C5-6 disc demonstrated moderate diffuse bulging and endplate ridging causing moderate central canal stenosis with bilateral foraminal stenosis impingement on the cord. Dr. Masel documented that the MRI of 11/24/04 showed a C3-4 annular bulge and osteophytic ridging effacing the CSF anterior to the cord and mild foraminal stenosis due to uncovertebral joint hypertrophic changes. The C4-5 showed effacement of the CSF anterior to the cord due to disc bulging with uncovertebral hypertrophic changes narrowing

the neuroforamina bilaterally. The C5-6 showed effacement of the CSF anterior to the cord with marked stenosis of the neuroforamen worse on the left than the right. Dr. Masel indicated that The Patient had a significant amount of bilateral neck pain and arm pain going down the right side and required surgery.

DISPUTED SERVICE(S)

Under dispute is the prospective, and/or concurrent medical necessity of insert fixatin dev (22846), spinal bone allograft (20931-54), vertebral corpectomy-ant (63081), vertebral corpectomy-ant (63082), arthrodesis-ant C4-5 corpectomy & C3-6 W/allograft and planting (22554), with 3 day inpatient stay (22585).

DETERMINATION/DECISION

The Reviewer disagrees with the determination of the insurance company.

RATIONALE/BASIS FOR THE DECISION

The Reviewer's disagree with the decision made by the Carrier. The Patient continues to experience bilateral neck and right arm pain. He has undergone an extensive course of conservative treatment consisting of therapy, medication and injections without relief. Therefore, The Reviewer's medical assessment is that the proposed surgery is medically necessary.

Screening Criteria

1. Specific:

- ACOEM guidelines, Chapter 8, pages 180-181

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: _____

El Paso ISD / Ward North America
Attn: Helen Garica

David Masel
Fax: 915-542-6757

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 25th day of May, 2006.

Name and Signature of IRO America Representative:

Sincerely,
IRO America Inc.

Dr. Roger Glenn Brown
President & Chief Resolutions Officer