


INDEPENDENT REVIEW INCORPORATED

July 5, 2006

Re: MDR #: M2 06 1295 01 Injured Employee: ____
DWC #: _____ DOI: _____
IRO Cert. #: 5055 SS#: _____

TRANSMITTED VIA FAX TO:

TDI, Division of Workers' Compensation

Attention: ____

Medical Dispute Resolution

Fax: (512) 804-4868

RESPONDENT: Texas Mutual Ins.

REQUESTOR: _____

TREATING DOCTOR: Todd Raabe, MD

In accordance with the requirement for DWC to randomly assign cases to IROs, DWC assigned this case to IRI for an independent review. IRI has performed an independent review of the medical records to determine medical necessity. In performing this review, IRI reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the office manager of Independent Review, Inc. and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him 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 Independent Review Organization. Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is a board certified in orthopedic surgery and is currently listed on the DWC Approved Doctor List.

**P.O. Box 855
Sulphur Springs, TX 75483
903.488.2329 * 903.642.0064 (fax)**

We are simultaneously forwarding copies of this report to the payor and the TDI, Division of Workers' Compensation. This decision by Independent Review, Inc. is deemed to be a DWC decision and order.

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.

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 July 5, 2006.

Sincerely,



Jeff Cunningham, DC
Office Manager

**REVIEWER'S REPORT
M2 06 1295 01**

Information Provided for Review:

1. DWC assignment
2. Nonauthorization notification from Texas Mutual
3. Records from Azalia Orthopedics and Sports Medicine Clinic
4. Records from insurance carrier

Clinical History:

The patient had a history of cervical radiculopathy with C5 through C7 anterior cervical discectomy and fusion in ___ related to work injury. He was doing well until April 2005 at which time he woke up with a stiff neck and presented to Dr. Raabe with neck pain and arm pain. His physical examination was consistent with neck pain with negative Spurling's test and normal neurological exam. The patient was treated conservatively for a while. The MRI scan showed midline disc protrusion at C3/C4 and C4/C5 was relatively normal with some inflammation at the exiting nerve roots at the previous C5 through C7 fusion site. The patient was referred for neurological consultation, and EMG study was obtained. The EMG study showed bilateral carpal tunnel syndrome, mild, and findings suggestive of a cervical radiculopathy. The only neurological sign was decreased sensation in the C7 dermatome bilaterally, which was confirmed by the neurologist. Once again, the nerve conduction study showed a left cervical radiculopathy and right cervical radiculopathy, site unspecified. The neurologist recommended cervical decompression. Results of the cervical epidural steroid injections were not documented well. However, Dr. Raabe mentioned that the patient did not have any long-term relief from these.

Disputed Services:

Hardware removal and C3 and C5 anterior cervical discectomy and fusion has been denied as medically unnecessary.

Decision:

I AGREE WITH THE DETERMINATION OF THE INSURANCE CARRIER ON THIS CASE.

Rationale:

Although this patient may be a surgical candidate for high fusions and decompressions, it is not clear from both the neurological consultation, the EMG, the MRI scan, and by the treating physician as to why exactly C4/C5 and C4/C5 are the levels to be fused. The neurologist describes a right cervical radiculopathy with site unspecified, and Dr. Raabe, the treating physician, does not demonstrate a C3, C4, C5, or C6 radiculopathy on his neurological exam. In addition, his Spurling's test is negative. Therefore, surgery based on symptoms of pain along without a clear-cut radiculopathy is probably not a good choice for this patient. In addition, if the surgery were done for arthritic changes, the MRI scans do not demonstrate significant arthritic changes in the intradisc spaces or facet joint to warrant a fusion. Based on the lack of clinical or objective data to support the recommended procedure, I agree with the insurance company's decision to deny authorization of the procedure.

Screening Criteria/Publications/Guidelines Utilized:

My experience as a board certified orthopedic surgeon as well as references used in the Journal of Bone and Joint Surgery and Spine as well as the Orthopedic Knowledge Update, Spine Edition, were used to help make this decision.