



Re: MDR #: M2 06 1308 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: **Ace American Insurance**

REQUESTOR: _____

TREATING DOCTOR: **Ranil Nanala, 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.

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 June 5, 2006.

Sincerely,



Jeff Cunningham, DC
Office Manager

**REVIEWER'S REPORT
M2 06 1308 01**

Information Provided for Review:

1. Nonauthorization letters from the insurance company
2. Table of disputed services
3. Nurses' chronological list of submitted records from Intracorp
4. Physician advisor review from Dr. William Abraham
5. Medical records from Texas Back Institute

Clinical History:

The claimant is a 45-year-old male with a previous C5/C6 fusion in 1997. He slipped and fell at work, injuring his neck. He developed neck and right upper extremity pain on 06/11/05. The patient was treated medically for this for a while and was eventually referred to Dr. Shawn Henry at Texas Back Institute. He had physical therapy for his shoulder as well as shoulder injections. The patient was treated conservatively at Texas Back Institute with extensive therapy including medications, steroid medications, anti-inflammatory medications, muscle relaxants, narcotics, as well as cervical epidural steroid injections and nerve stimulator. An EMG study was obtained as well as an MRI scan. The MRI scan showed central disc protrusion at C3/C4, right paracentral disc protrusion at C4/C5 abutting the central spinal cord with spinal stenosis, and severe bilateral foraminal stenosis at C3/C4 and C4/C5. There was spasm and reversal of the cervical lordosis noted.

Disputed Services:

C3/C4 and C4/C5 anterior cervical discectomy and fusion has been denied as medically unnecessary.

Decision:

The reviewer disagrees with the prior adverse determination.

Rationale:

The patient is more prone to junctional herniations due to the previous fusion of C5/C6. The herniations and stenosis at the level above were permanently exacerbated by the recent injury. This is demonstrated by the fact that the patient was able to recover after the previous unrelated cervical fusion and was relatively asymptomatic. The patient

failed an adequate course of conservative management and is a candidate for cervical fusion and decompression.

Screening Criteria/Literature Utilized:

The Orthopedic Knowledge Update, Spine Edition and The Spine Journal.