

July 3, 2006

TX DEPT OF INS DIV OF WC
AUSTIN, TX 78744-1609

CLAIMANT: ___

EMPLOYEE: ___

POLICY: M2-06-1551-01

CLIENT TRACKING NUMBER: M2-06-1551-01

Medical Review Institute of America (MRIOA) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO). The Texas Department of Insurance Division of Workers Compensation has assigned the above-mentioned case to MRIOA for independent review in accordance with DWC Rule 133 which provides for medical dispute resolution by an IRO.

MRIOA 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. Itemization of this information will follow.

The independent review was performed by a peer of the treating provider for this patient. The reviewer in this case is on the DWC approved doctor list (ADL). The reviewing provider has no known conflicts of interest existing between that 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.

Records Received:

Records from the State:

- Notification of IRO assignment dated 6/14/06 2 pages
- Medical dispute resolution request undated 5 pages
- Notice of UR findings dated 5/18/06 2 pages
- Letter of appeal dated 5/18/06 1 page
- Notice of UR findings dated 5/24/06 2 pages

Records from the Respondent:

- Letter from Texas department of insurance dated 6/2/06 1 page
- Medical dispute resolution request undated 3 pages
- Neurology consult report dated 4/12/04 5 pages
- Impressions and Findings dated 6/11/04 5 pages

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- Neurology progress records dated 3/15/04–6/1/04 3 pages
- Cardiology consult report dated 4/19/04 2 pages
- MRA brain report dated 4/20/04 1 page
- Stress test report dated 5/25/04 1 page
- Exercise Cardiopulmonary study dated 5/25/04 1 page
- ECG report dated 5/25/04 1 page
- Office note dated 6/28/04 2 pages
- Neurosurgical consult dated 6/28/04 4 pages
- ER records dated 5/26/05 3 pages
- Consult note dated 6/9/05 2 pages
- Discharge summary dated 6/29/05 1 page
- History and physical dated 6/27/05 2 pages
- Progress notes dated 6/27/05–6/28/05 3 pages
- Labs dated 6/27/05 3 pages
- Radiology report dated 6/27/05 1 page
- ER record dated 8/31/05 3 pages
- History and physical dated 9/20/05 3 pages
- UR review dated 10/3/05 7 pages
- MRI results dated 10/15/05 3 pages
- History and exam dated 11/1/05 2 pages
- Outpatient clinic notes dated 11/16/05 3 pages
- PT notes dated 11/23/05 2 pages
- PT daily notes dated 11/16/05–12/1/06 7 pages
- Letter from Dr, Marable dated 11/23/05 1 page
- History and physical dated 1/3/06 1 page
- Letter from Dr. Parker dated 1/19/06 2 pages
- History and physical dated 3/7/06 9 pages
- Letter from State office of Risk Management dated 4/4/06 1 page
- NCV/EMG studies dated 4/7/06 4 pages
- Patient information sheet dated 4/7/06 1 page
- Diagnostic study results dated 4/7/06 8 pages
- History and physical dated 4/12/06 3 pages
- Letter from Buck dated 4/24/06 2 pages
- Notice UR findings dated 5/18/06 4 pages
- Case notes dated 2 pages
- Pre-authorization review form dated 5/17/06 3 pages
- History and physical exam dated 4/12/06 3 pages
- Case notes dated 9/15/06–4/27/06 3 pages
- ADL detail undated 4 pages
- Letter of agreement dated 5/16/06 4 pages
- Notice of UR findings dated 5/24/06 4 pages
- E-mail dated 5/24/06 1 page
- Notice of UR findings dated 5/24/06 1 page
- Acknowledgement of reconsideration request dated 5/23/06 2 pages

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Summary of Treatment/Case History:

The patient was struck in the temple by another individual on ____. Her head was smashed against the wall by the assailant. She complains of headaches and bilateral neck pain. MRI scan 10/18/05 revealed very small disc bulges at C4/5 and C5/6 without spinal stenosis. Brain MRI was normal on 10/15/05. The patient had a previous history of dizziness and headaches documented by neurology consultation on 4/12/04. She also has been diagnosed with irritable bowel syndrome, depression and anxiety disorder. Dr. Wilson noted on 6/28/04 that she had a history of neck pain. She was admitted in October with somulence and toxicology screen positive for benzodiazepines, opiates and amphetamines. EMG showed a questionable right C6 irritation, and the test was reviewed by Dr. Buck who felt no objective evidence of radiculopathy was present. On 1/19/06 Dr. Parker performed a neurosurgical evaluation and felt that neurosurgical intervention in her cervical spine was not indicated.

Dr. Rosenstein evaluated the patient for the first time 4/12/06 and is requesting a cervical CT to evaluate the discs as a preoperative evaluation as the patient cannot have a myelogram due to a seizure history.

Questions for Review:

1. Items in dispute: Preauthorization denied for cervical CT scan C1–T1 with reconstructions.

Conclusion/Decision to Not Certify:

1. Items in dispute: Preauthorization denied for cervical CT scan C1–T1 with reconstructions.

ACOEM guidelines state that patients without radicular symptoms that clearly correlate to imaging abnormalities are not good surgical candidates. This patient has neck and nonspecific arm pain, with a preexisting history of neck pain, and multiple other somatic complaints. Her MRI shows tiny disc bulges at 2 levels. ACOEM guidelines suggest that she is not a good surgical candidate and a previous neurosurgical evaluation has stated that she is not a surgical candidate. In any case, MRI is a better test than CT for revealing disc herniations (1, 2). While flexion/extension X-rays to rule out instability would be appropriate, cervical CT will not add any useful information to that already obtained by MRI.

Applicable Clinical of Scientific Criteria or Guidelines Applied in Arriving at Decision:

ACOEM guidelines Chapter 8

Neck and Upper Back Complaints: Surgical Considerations:

A disk herniation, characterized by protrusion of the central nucleus pulposus through a defect in the outer annulus fibrosis, may impinge on a nerve root, causing irritation, shoulder and arm symptoms, and nerve root dysfunction. The presence of a herniated cervical or upper thoracic disk on an imaging study, however, does not necessarily imply nerve root dysfunction. Studies of asymptomatic adults commonly demonstrate intervertebral disk herniations that apparently do not cause symptoms.

Referral for surgical consultation is indicated for patients who have:

- Persistent, severe, and disabling shoulder or arm symptoms
 - Activity limitation for more than one month or with extreme progression of symptoms
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- Clear clinical, imaging, and electrophysiologic evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair in both the short- and long-term
- Unresolved radicular symptoms after receiving conservative treatment

The efficacy of cervical fusion for patients with chronic cervical pain without instability has not been demonstrated. If surgery is a consideration, counseling and discussion regarding likely outcomes, risks and benefits, and especially expectations are essential. Patients with acute neck or upper back pain alone, without findings of serious conditions or significant nerve root compromise, rarely benefit from either surgical consultation or surgery.

References Used in Support of Decision:

- (1) Menezes AH and Sonntag VK. Principles of Spinal Surgery. McGraw Hill, New York. 1996. p 193.
- (2) Greenberg, M. Handbook of Neurosurgery (3rd edition) Greenberg Graphics, Lakeland, FL. 1994.p 464-65

The physician providing this review is board certified in Neurosurgery. This reviewer is a diplomate of the National Board of Medical Examiners. This reviewer is a member of the American Association of Neurological Surgeons, the Texas Medical Association and the Society for Neuro Oncology. This reviewer has been in active practice since 1999.

In accordance with Division 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 3 day of July 2006.

Raquel Goodbeau

MRIOA is forwarding this decision by mail, and in the case of time sensitive matters by facsimile, a copy of this finding to the DWC.

It is the policy of Medical Review Institute of America to keep the names of its reviewing physicians confidential. Accordingly, the identity of the reviewing physician will only be released as required by state or federal regulations. If release of the review to a third party, including an insured and/or provider, is necessary, all applicable state and federal regulations must be followed.

Medical Review Institute of America retains qualified independent physician reviewers and clinical advisors who perform peer case reviews as requested by MRIOA clients. These physician reviewers and clinical advisors are independent contractors who are credentialed in accordance with their particular specialties, the standards of the American Accreditation Health Care Commission (URAC), and/or other state and federal regulatory requirements.

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The written opinions provided by MRIOA represent the opinions of the physician reviewers and clinical advisors who reviewed the case. These case review opinions are provided in good faith, based on the medical records and information submitted to MRIOA for review, the published scientific medical literature, and other relevant information such as that available through federal agencies, institutes and professional associations. Medical Review Institute of America assumes no liability for the opinions of its contracted physicians and/or clinician advisors. The health plan, organization or other party authorizing this case review agrees to hold MRIOA harmless for any and all claims which may arise as a result of this case review. The health plan, organization or other third party requesting or authorizing this review is responsible for policy interpretation and for the final determination made regarding coverage and/or eligibility for this case.

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Case Analyst: Raquel G ext 518

cc: requester and respondent