



Specialty Independent Review Organization, Inc.

July 18, 2006

DWC Medical Dispute Resolution  
7551 Metro Center Suite 100  
Austin, TX 78744

Patient: \_\_\_\_  
DWC #: \_\_\_\_  
MDR Tracking #: M2-06-1621-01  
IRO #: 5284

Specialty IRO has been certified by the Texas Department of Insurance as an Independent Review Organization. The TDI-Division of Workers' Compensation has assigned this case to Specialty IRO for independent review in accordance with DWC Rule 133.308, which allows for medical dispute resolution by an IRO.

Specialty IRO 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.

This case was reviewed by a licensed Doctor of Osteopathy with a specialty in Orthopedics. The reviewer is on the DWC ADL. The Specialty IRO health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to Specialty IRO for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

#### CLINICAL HISTORY

This 46 year old male was injured on \_\_\_\_ Patient was lifting heavy rolls of carpet with a co-worker and felt a pop and sudden pain in his low back. The pain became more severe and radiated up his spine to the neck. Symptoms have persisted in the neck without relief.

Physical examination of the cervical spine, range of motion, extension 10 degrees, flexion 60 degrees, side bending 10 degrees left and right, Spurling test negative for arm pain but reproduced neck pain. The neck pain has changed and now radiates into both shoulders with paresthesia in the left upper extremity.

MRI of 06/14/2005 reveals a degenerative disc with a broad based posterior osteophyte and disc bulge causing mild/moderate central canal stenosis and bilateral neural foraminal narrowing.

EMG of 12/02/2005 revealed now evidence of cervical radiculopathy. The discogram on 04/11/2006 revealed concordant pain with internal disc disruption with posterior peridural leakage at C5-6.

#### RECORDS REVIEWED

Liberty Mutual, Letters: 5/1, 5/12, and 6/19/2006.

Records from Doctor/Facility:

L Kjeldgaard DO, Reports: 6/7/2005 through 4/20/2006.

SW Surgical Hospital, MRI of Cervical & Lumbar: 6/14/2005.

HighPoint, ESI: 7/29, 9/26, 10/24, 11/30/2005.

E Coligado MD, EMG: 12/2/2005.

Records from Carrier:

IntraCorp, Letters: 5/1 and 5/12/2006.

L Kjeldgaard DO, Reports: 5/3 and 5/23/2006.

J Kern MD, Report: 5/4/2006.

V Aggarwal MD, Discogram: 4/11/2006.

Precision Pain Management, Report: 3/1/2006.

R Guyer MD, Report: 9/21/2005.

#### REQUESTED SERVICE

The requested service is an anterior cervical discectomy and interbody fusion at C5/6.

#### DECISION

The reviewer disagrees with the previous adverse determination.

#### BASIS FOR THE DECISION

This 47 year old patient has continued with cervical pain with radiation into the shoulders for 14 months. Conservative care with physical therapy, medication, and ESIs have failed to provide relief. The discogram revealed a concordant pain at C5-6. Since all conservative care has failed, the request for the C5-6 discectomy and fusion is indicated.

#### REFERENCES

Clark: THE CERVICAL SPINE, 4th Edition.

Bono, Garfin, et al: THE SPINE.

Rothman and Simeon: THE SPINE, 4th Edition.

Bucholz: Orthopedic Decision Making, 2nd Edition.

Specialty IRO has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Specialty IRO has made no determinations regarding benefits available under the injured employee's policy. Specialty IRO believes it has made a reasonable attempt to obtain all medical records for this review and afforded the requestor, respondent and treating doctor an opportunity to provide additional information in a convenient and timely manner.

As an officer of Specialty IRO, Inc, dba Specialty IRO, I certify that the reviewing provider has no known conflicts of interest 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.

Sincerely,

Wendy Perelli, CEO

**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.**

Sincerely,

Wendy Perelli, CEO

**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 claimant's representative) and the Division via facsimile, U.S. Postal Service or both on this 18<sup>th</sup> day of July 2006**

**Signature of Specialty IRO Representative:**

**Name of Specialty IRO Representative: Wendy Perelli**