

# MEDICAL REVIEW OF TEXAS

[IRO #5259]

10817 W. Hwy. 71

Phone: 512-288-3300

Austin, Texas 78735

FAX: 512-288-3356

## NOTICE OF INDEPENDENT REVIEW DETERMINATION

TDI-WC Case Number:	
MDR Tracking Number:	M2-06-1773-01
Name of Patient:	
Name of URA/Payer:	City of Houston
Name of Provider: (ER, Hospital, or Other Facility)	
Name of Physician: (Treating or Requesting)	David Strausser, MD

September 14, 2006

An independent review of the above-referenced case has been completed by a physician (board certified) in neurology. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by Texas Medical Foundation, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

Medical Review of Texas (MRT) hereby certifies that the reviewing physician is on the Division of Workers' Compensation Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to MRT.

September 14, 2006  
Notice of Independent Review Determination  
Page 2

Sincerely,

Michael S. Lifshen, MD  
Medical Director

cc: \_\_\_\_\_  
Davis Strausser, MD  
Division of Workers' Compensation

RE: \_\_\_\_

DOCUMENTS REVIEWED

1. Notification of IRO Assignment
2. Extensive office notes repeated throughout this chart from Woodlands Sports Medicine Center, including both Dr. Carl Cannon and Dr. David Strausser dating from 7/18/06 all the way back to 1999.
3. EMG performed on 3/14/06.
4. Operative note from 6/29/05 for her shoulder surgery.
5. IME performed by Dr. Harold Nachimson.
6. Churchill Evaluation Centers request for further evaluation.
7. Physician contract service Dr. Casey Cochran
8. MRI scans of the cervical spine, wrist and shoulder.
9. Three operative notes from the Surgery Center of the Woodlands describing cervical epidural injections.
10. Multiple physical therapy notes obtained from Health South.

CLINICAL HISTORY

This is a 41-year-old female who on \_\_\_\_ was on an elevated ramp at work as an airport dispatcher when she fell off the ramp. She struck her outstretched arm and hurt her back and neck as well as her right wrist and ankle. She has a number of issues arising from this including pain in her right wrist and right shoulder which culminated in a cervical procedure as well as cervical spine pain and that remains the issue. She complains of neck pain as well as what is being described as bilateral shoulder pain, right greater than left, as well as arm pain, again right greater than left. Of note the pain has switched in severity from right to left and then back again to right. She has had three epidural cervical spine injections. She has also had what as best I can describe as modified physical therapy of the cervical spine; modified secondary to the fact that she has had difficulty with the right shoulder which again culminated in a surgical procedure. She had an MRI scan which is consistent with degenerative changes essentially from C4 through C6. The MRI scan report is definitely sub optimal, describing moderately advanced degenerative changes with a reverse of the cervical curvature as well as moderate compromise of the spinal canal at C4 due to spondylosis, moderate severe compromise of the spinal

RE: \_\_\_\_\_

canal and neuro foramina at C5, a moderately severe compromise of the spinal canal and both neuroforamina at C6 with spondylolytic changes. Unfortunately, there is no discussion of the size of her spinal canal. There is no discussion of actual compression of the spinal cord or whether the severe compromise is related to her nerves. She has had an EMG which is only borderline abnormal. She is noted at worst to have occasional spontaneous activity in her right C7 muscle group. She has not had a comprehensive neurologic exam; in fact she has not had a comprehensive physical exam since this injury has occurred. At least that exam has not been included in the medical records for my review.

REQUESTED SERVICE(S)

C4-5, C5-6 & C6-7 anterior cervical discectomy followed by a fusion.

DECISION

Denied

RATIONALE/BASIS FOR DECISION

This patient has not had a physical exam, nor has she had any procedure which even remotely links her imaging studies to clinical complaints. None of her remediable factors including cigarette smoking, her size or her physical conditioning have even been mentioned. In fact throughout this entire chart, these remedial factors have only been mentioned in the Independent Medical Exam. This patient also has a history of Worker's Comp injuries and while this is not her fault, it does have bearing on the success of a surgical procedure.

In short, the requesting physician has not made any type of case, or even attempted to make a case to justify this surgical procedure, aside from mentioning the MRI scan which shows purely degenerative changes, changes that are not appropriately described by the radiologist or interpreted well by the requesting physician. There has been no physical exam correlation with any of this. The attempts at non-surgical management have been luke-warm at best, and finally no attention has been made to address the psychological, physiological and social remediable factors. Based upon all of these reasons, this

RE: \_\_\_\_\_

patient's surgical procedure should be denied. The rationale and basis for decision has already been identified by the previous reviewing physician. The ***Occupational Medicine and Practice Guidelines*** specifically state that surgery for chronic neck pain without instability has never been found to be efficacious. While this can be debated, only in ideal circumstances should neck surgery be contemplated for pure axial pain and we are far from that in this situation.

Certification of Independence of Reviewer

As the reviewer of this independent review case, I do hereby certify that I have no known conflicts of interest between the 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.

## 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.

Chief Clerk of Proceedings  
Division of Workers' Compensation  
P.O. Box 17787  
Austin, Texas 78744

Or fax the request to (512) 804-4011. A copy of this decision must be attached to the request.

The party appealing the decision shall deliver a copy of its written request for a hearing to the opposing party involved in the dispute.

In accordance with 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 15<sup>th</sup> day of September, 2006.

Signature of IRO Employee: \_\_\_\_\_

Printed Name of IRO Employee: Cindy Mitchell