MCMC

IRO Medical Dispute Resolution M2 Prospective Medical Necessity
IRO Decision Notification Letter

Date:	**08/30/2006** **Amended 09/01/2006**
Injured Employee:	
Address:	
MDR #:	**M2-06-1774-01**
DWC #:	
MCMC Certification #:	**IRO 5294**

REQUESTED SERVICES:
Please review the item(s) in dispute: Pre-authorization denied for anterior cervical diskectomy and fusion (ACDF).

DECISION: Upheld

IRO MCMCllc (MCMC) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO) to render a recommendation regarding the medical necessity of the above disputed service.

Please be advised that a MCMC Physician Advisor has determined that your request for an M2 Prospective Medical Dispute Resolution on 08/30/2006, concerning the medical necessity of the above referenced requested service, hereby finds the following:

The anterior cervical diskectomy and fusion (ACDF) that was recommended is not medically necessary.

CLINICAL HISTORY:
This 44-year-old male was allegedly injured on _____ when he was using a rock bar to install a fence. He was evaluated by the chiropractor on 06/28/2005 for pain in his neck, both arms and headache. He apparently has constant numbness in both hand and all the fingers that become worse when he bends his head forward and backwards and when raising his arm upwards. He was said to have a sprain in his neck and was to receive chiropractic care.

REFERENCE:
The Cervical Spine: Third edition. Cervical Spine Research Society. Section IX: Degenerative Disorders: Principles and Nonoperative treatment of degenerative disorders.

RATIONALE:
The injured individual received an MRI dated 07/19/2005, which revealed changes of cervical spondylosis from C4 to T1. In addition there was 2 to 3mm size disc bulges from C4 to T1.

These bulges together with the uncinate process hypertrophy resulted in mild foraminal stenosis from C4 to T1 with varying degrees of foraminal narrowing. These changes were seen from C3 to T1.

The injured individual consulted another rehabilitation clinic on 07/30/2005. He said he had severe neck pain and bilateral upper extremity pain. He did not describe a specific radiculopathy. He had no objective findings of a focal lesion. Despite this he was placed on extensive physical therapy (PT) with passive modalities.

The electromyogram/nerve conduction velocity (EMG/NCV) study of 01/27/2006 allegedly revealed bilateral C4, C6 and C7 radiculopathy. On 03/30/2006 Dr. Henry [DO-Texas Back Institute] evaluated him because of his continued severe pain in the right arm with numbness that allegedly made it difficult to even turn his neck. He was given a selective nerve root injection with no relief of his pain. He was continuing to have OxyContin, Norco and Ambien.

Dr. Green evaluated the injured individual on 06/20/2006. This attending physician (AP) documented that the EMG was positive "For right side radiculopathy". The EMG report states that he had bilateral multilevel radiculopathy. The submitted notes do not document a well-defined clinical presentation of a specific dermatomal radiculopathy that is commensurate with either the imaging findings or the electro-diagnostic studies. The initial MRI study does not substantiate the need for the requested ACDF.

RECORDS REVIEWED:
Notification of IRO Assignment dated 08/02/06
MR-117 dated 08/02/06
DWC-60
MCMC: IRO Medical Dispute Resolution Prospective Preauthorization dated 08/02/06
MCMC: Invoice dated 08/03/06
Texas Mutual: Letter dated 08/09/06 from LaTreace Giles, RN
Texas Mutual: Letter dated 08/09/06 regarding transmittal of checks and records for review
Texas Mutual: Payment dated 08/08/06
Report of Medical Evaluation dated 06/24/06
William T. Green, M.D.: Evaluation dated 06/20/06
Texas Mutual: Letter dated 06/14/06 from Margie Kling, LVN
Texas Back Institute: Follow Up note dated 05/26/06 from Robert Metzger, C.F.N.P.
Grace Bryant, LPN: Letter dated 04/11/06
Texas Back Institute: Follow Up note dated 03/30/06 from Shawn Henry, D.O.
Neuro EMG, PA: Report dated 01/27/06 from Jonathan Walker, M.D.
Alta Mesa Injury & Rehab Center: Initial Narrative Report dated 07/30/05 from Albert Daniel, III, D.C.
Advanced Imaging, Inc.: MRI cervical spine dated 07/19/05
Tony G. Aboudib, DC: Initial Examination dated 06/28/05

The reviewing provider is a Licensed/Boarded Orthopedic Surgeon and certifies that no known conflict of interest exists between the reviewing Orthopedic Surgeon 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 prior to referral to the IRO. The reviewing physician is on DWC's Approved Doctor List.

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.

This decision is deemed received by you 5 (five) days after it was mailed (28Tex.Admin. Code 102.4(h**)(2)** or 102.5(d)). A request for a hearing **and a copy of this decision** should be sent to:

Chief Clerk of Proceedings / Appeals Clerk
Texas Department of Insurance Division of Workers' Compensation
P.O. Box 17787
Austin, Texas, 78744
Fax: 512-804-4011

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

In accordance with commission 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

1st ___day of ____September_____2006.

Signature of IRO Employee: _____

Printed Name of IRO Employee:_____Beth Cucchi_____