INDEPENDENT REVIEW INCORPORATED

August 24, 2006

Re:	**MDR #:**	**M2 06 1785 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: **St. Paul Mercury**

TREATING DOCTOR: **Thomas Cartwright, 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.

P.O. Box 855
Sulphur Springs, TX 75483
903.488.2329 * 903.642.0064 (fax)

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 August 24, 2006.

Sincerely,

jc

Jeff Cunningham, DC
Office Manager

INDEPENDENT REVIEW INCORPORATED

REVIEWER'S REPORT
M2 06 1785 01

Information Provided for Review:

1. DWC assignment
2. Insurance company denials from Dr. Nick Tsourmas and Dr. Simpson
3. Extensive records from the insurance carrier (over 2 inches of records dating all the way back to 2001)

Clinical History:

The patient has had a previous C5/C6 fusion from a neck injury on ___. The patient has chronic pain and radiculopathy with a left C4/C5 radiculopathy, severe degenerative changes, and neural foraminal impingement at C4/C5 and C6/C7. The patient had previous injection at C4/C5, which gave temporary but subtotal relief of the pain.

Disputed Services:

Anterior cervical discectomy and fusion with plate and allograft at C4/C5 and C6/C7 has been denied as medically unnecessary by the insurance company.

Decision:

I DISAGREE WITH THE DETERMINATION OF THE INSURANCE CARRIER ON THIS CASE.

Rationale:

After an extensive review of the voluminous medical records in this case, I believe that both of the insurance company's physicians' denials have been inappropriate. Both denials stated that the patient had relief and did not have radiculopathy. All of the documentation illustrates subtotal relief from her nonoperative management including injections. They also demonstrate significant neural foraminal and spinal cord impingement at C4/C5 as well as significant degeneration at C6/C7. This is common after a single-level fusion to have junctional degenerative changes and neural foraminal/myelopathic impingement above and below the fusion level. The proposed surgery is medically reasonable and necessary. I believe that both of the insurance

carrier's physician reviewers did not adequately review the records. Radiculopathy and significant objective findings of compression were noted at the above-mentioned levels for the proposed surgery. Therefore, surgery is indicated, as conservative management has not helped this patient.

Screening Criteria/Literature Utilized:

Although I prefer not to use the ACOEM Guidelines as I believe that they are too stringent, the ACOEM Guidelines specifically comment on the indications for cervical surgery. The patient has degenerative changes both objectively and subjectively as well as radiculopathy, and surgery is indicated. This is discussed in Chapter 8 of the ACOEM Guidelines.