



Specialty Independent Review Organization, Inc.

September 12, 2006

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

Patient: ____
DWC #: ____
MDR Tracking #: M2-06-1907-01
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

The injured employee is a 50-year-old male who works as a carpenter, developed neck pain radiating to the left upper extremity while performing a task in a twisting fashion on ____.

Patient has received physical therapy, multiple injections, and had an anterior cervical fusion at C6-7 on 05/11/2005. The patient states that his symptoms never improved after the surgery. He continues to have headaches and left arm pain.

EMG on 01/27/2006 demonstrated a chronic C6 radiculopathy on the left. CT myelogram on 04/13/2006 revealed advanced spondylosis with herniation of the disc at C4-5 and 5-6 with

stenosis on the left side due to a combination of the herniation and facet hypertrophy. There is also facet hypertrophy from C4 through C7.

Physical examination reveals pain on extension of only 30 degrees, flexion 30 degrees, lateral bending 40 degrees, and rotation 80 degrees. There is motor weakness in the left triceps and wrist dorsiflexors and palmar flexors. There is also decreased sensation on the ulnar surface of the hand.

Despite conservative and surgical care, the patient continues to have moderate neck pain with radicular symptoms down the left arm.

RECORDS REVIEWED

Ace American Insurance, Letters: 12/20/05, 6/19 and 6/29/2006.

Records from Carrier:

K Berliner MD, Report: 6/1/06.
Eastside Imaging, CT Myelo: 4/13/06.
Accutest Diagnostics, EMG: 1/27/06.
Fairmont Diagnostics, MRI: 12/23/04.
R Francis MD, Op Note: 5/11/05.
A Deutsch MD, Report: 8/10/06.

Records from Doctor/Facility:

Allied Therapy, PT Note: 6/1/06.
S Ribeiro MD, Report: 8/22/06.
J Rodriguez MD, Report: 5/02/06.
K Berliner MD, Report: 1/23/06.
B Garner DC, Report: 11/09/05.
R Francis MD, Reports: 3/14 through 9/13/2005.

REQUESTED SERVICE

The items in dispute are the prospective medical necessity of removal of a previous anterior cervical discectomy and fusion plate with anterior plating, bone graft and application of internal bone growth stimulator device.

DECISION

The reviewer disagrees with the previous adverse determination.

BASIS FOR THE DECISION

The reviewer states that this patient continues to have radicular symptoms associated with neck pain and headaches. Patient had a large herniated disc at C6-7 which was treated with surgery. The patient had a small herniated disc on the left at C4-5 and 5-6 associated with facet

hypertrophy that was not treated. Patient has continued to have symptoms following the surgery and has failed all conservative care.

REFERENCES

Clark: The Cervical Spine, 4th Edition.

Gunzburg and Szpalski: The Failed Spine.

Bono, Garfin, et al: The Spine.

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 12th day of September, 2007

Signature of Specialty IRO Representative:

Name of Specialty IRO Representative: Wendy Perelli