



Specialty Independent Review Organization, Inc.

July 7, 2006

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

Patient: ____
DWC #: ____
MDR Tracking #: M2-06-1417-01
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 40 year old female was injured on ____ when she was loading a box of bleach at the ____ . She fell and landed on her left side. Since that time she had pain in the neck radiating into her left upper extremity.

X-rays, myelogram, and MRI revealed an HNP at C5-6. This resulted in a cervical fusion in April 2004. Patient reported radicular symptoms and returned for treatment six months after surgery.

Physical Examination revealed a decreased range of motion in lateral flexion and rotation bilaterally, Spurling's test was positive, tenderness in the mid-cervical area. EMG of 12/15/2005 revealed a bilateral carpal tunnel syndrome with no evidence of cervical radiculopathy. The

myelogram/CT scan on 03/07/2006 revealed an interbody fusion at C5-6 and at C6-7, a PNP on the left impinging on the nerve root and cord. Currently the patient has severe neck pain with numbness into her left arm that has not responded to conservative care.

RECORDS REVIEWED

St Paul Travelers, Letters: 2/8, 4/21 and 6/7/2006.

Records from Carrier:

D Chavda MD, Letters: 10/14/2005 and 5/17/2006.

, Report: 2/2/2006.

P Vaughan MD, Reports: 7/17/2001 through 5/24/2006.

CT Myelogram: 3/7/2006.

Texas Nonsurgery, EMG: 12/15/2005.

Texas Imaging, MRI: 12/18/2002.

CT/Myelogram: 5/20/2005.

K Perl DO, Report: 12/15/2005.

Texas Anesthesia, Reports: 1/18 and 1/26/2006.

H Sedighi MD, Report: 10/4/2005.

Vista Hospital, Op Note: 4/7/2004.

Records from Doctor/Facility:

New Health Clinics, Reports: 11/22/2005 to 5/9/2006.

One inch of Reports concerning lumbar spine and carpal tunnel.

REQUESTED SERVICE

The requested service is the removal of anterior cervical plat at C5/6 and an anterior cervical discectomy with graft and instrumentation at C6/7.

DECISION

The reviewer disagrees with the previous adverse determination.

BASIS FOR THE DECISION

This patient has cervical radiculopathy to the left extremity that has not responded to conservative care. The CT/Myelogram shows a PNP indenting the left nerve root. To perform a cervical fusion at C6-7, the plate from the prior fusion at C5-6 has to be removed so the new plate and screws will encompass the C5-6 and 6-7 disc spaces. The cervical vertebrae are small and one cannot abut two plates on the same cervical body.

REFERENCES

Clark: The Cervical Spine, 4th Edition.

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 7th day of July 2006

Signature of Specialty IRO Representative:

Name of Specialty IRO Representative: Wendy Perelli