INDEPENDENT REVIEW INCORPORATED

December 8, 2006

Re: MDR #: M2 07 0361 01 Injured Employee: ____
DWC #: ___ DOI: ____
IRO Cert. #: 5055

TRANSMITTED VIA FAX TO:
TDI, Division of Workers' Compensation
Medical Dispute Resolution
Fax: (512) 804-4868

RESPONDENT: **Texas Municipal League**

REQUESTOR: **Texas Back Institute**

TREATING DOCTOR: **James Cable, 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

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reviewed by a physician who is a board certified in physical medicine and rehabilitation and is currently listed on the DWC Approved Doctor List.

We are simultaneously forwarding copies of this report to all participating parties 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 December 8, 2006.

Sincerely,

Jeff Cunningham, DC
Office Manager

INDEPENDENT REVIEW INCORPORATED

REVIEWER'S REPORT
M2 07 0361 01

MEDICAL INFORMATION REVIEWED:
1. Discogram report, 03/23/98
2. Surgical report pertaining to anterior cervical discectomy and fusion, C5/C6, 06/11/98
3. Notes from Dr. Cable

BRIEF CLINICAL HISTORY:
The records reviewed would suggest that the patient had a compensable injury to her cervical spine on ____ leading to anterior cervical discectomy and fusion on 06/11/98 prompted by a positive discogram on 03/23/98. Notes suggest that she has possibly developed some instability either above or below her fusion for which electrodiagnostic testing of the upper extremities has been recommended. She apparently has had brain surgery and is not able to undergo MRI testing. The most contemporary medical records of Dr. Cable on 09/05/06 reflect decreased sensation along the thenar eminence on the left side as well as decreased sensation along the ulnar border of the right forearm. She has a decreased left biceps reflex. She reports increasing numbness in her hands.

DISPUTED SERVICES:
Disputed services are that of requested bilateral upper extremity needle EMG study and nerve conduction velocity studies.

DECISION:

I DISAGREE WITH THE DETERMINATION MADE BY INSURANCE CARRIER IN THIS CASE.

RATIONALE OR BASIS FOR DECISION:
The patient is unable to undergo MRI imaging, which would be the ideal test in this case. She has undergone an anterior cervical discectomy/fusion at the C5/C6 level on 07/11/98. It is a well-known sequelae for instability to develop above and/or below the fusion site within 5 years of the fusion. She appears to have been developing some progressive paresthesias in her upper extremities which may, by their distribution, relate to the original fusion site but may also relate to the level below, specifically the C6/C7 level, based on the distributions of the paresthesias. Electrodiagnostic studies at this point in time would be helpful not only to help isolate whether there is a specific nerve root involved here as well as to help eliminate a peripheral entrapment neuropathy, which would not be related to the compensable neck injury.