RYCO MedReview

DETERMINATION OF INDEPENDENT REVIEW

NAME OF PATIENT:	___
IRO CASE NUMBER:	M2-07-0371-01
NAME OF REQUESTOR:	___
NAME OF PROVIDER:	Robert LeGrand, M.D.
REVIEWED BY:	Board Certified in Orthopedic Surgery
IRO CERTIFICATION NO:	IRO 5345
DATE OF REPORT:	12/21/06

Dear Mr. ___:

RYCO MedReview has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO) (#IRO5345). Texas Insurance Code Article 21.58C, effective September 1, 1997, allows a patient, in the event of a life-threatening condition or after having completed the utilization review agent's internal process, to appeal an adverse determination by requesting an independent review by an IRO.

In accordance with the requirement for TDI-Division of Workers' Compensation (DWC) to randomly assign cases to IROs, DWC has assigned your case to RYCO MedReview for an independent review. The reviewing physician selected has performed an independent review to determine if the adverse determination was appropriate. In performing this review, the reviewing physician reviewed relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal.

This case was reviewed by a health care professional or physician reviewer who is Board Certified in Orthopedic Surgery and is currently listed on the DWC Approved Doctor List.

I am the Secretary and General Counsel of RYCO MedReview 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 the provider, 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.

REVIEWER REPORT

Information Provided for Review:

Evaluations with R.H. LeGrand, Jr., M.D. dated 12/12/96, 11/17/97, 12/29/97, 02/02/98, 03/12/98, 10/22/98, 01/25/99, 04/26/99, 12/14/00, 04/09/01, 01/10/05, 01/27/05, 02/07/05, 03/11/05, 05/19/05, 07/05/05, 08/22/05, 10/20/05, 01/19/06, 03/16/06, 05/18/06, 08/03/06, and 09/21/06
An evaluation with Janis Connally, P.T. dated 03/13/97
Evaluations with Ta Van Nguyen, M.D. dated 04/18/97 and 06/06/97
Cervical myelograms interpreted by Dr. LeGrand dated 11/19/97 and 02/01/05
An evaluation with Duncan K. Fischer, M.D. dated 12/19/97
An operative report from Dr. LeGrand dated 01/09/98
Intraoperative and postoperative x-rays of the cervical spine interpreted by John Alexander, M.D. dated 01/09/98
X-rays of the cervical spine interpreted by Ronald K. McCauley, M.D. dated 02/02/98 and 04/13/98
X-rays of the cervical spine interpreted by Garry M. Anderson, M.D. dated 12/14/00
A discharge summary from Dr. LeGrand dated 02/18/05
X-rays of the lumbar spine interpreted by J. Christopher Cole, M.D. dated 03/11/05
X-rays of the lumbosacral spine interpreted by Michael G. Sickels, M.D. dated 05/19/05
Letters of denial from CorVel dated 09/15/06 and 09/29/06

Clinical History Summarized:

On 03/13/97, Ms. Connally recommended physical therapy twice a week for four weeks. A cervical myelogram interpreted by Dr. LeGrand on 11/19/97 revealed central and bilateral C5-C6 defects. Cervical surgery was performed by Dr. LeGrand on 01/09/98. X-rays of the cervical spine interpreted by Dr. McCauley on 02/02/98 revealed degenerative changes and operative changes at C5-C6 and C6-C7. X-rays of the cervical spine interpreted by Dr. McCauley on 04/13/98 revealed some mild lucency at C5 through C7. On 04/26/99, Dr. LeGrand assigned the patient a 12% whole person impairment rating. On 12/14/00 and 04/19/01, Dr. LeGrand recommended Celebrex and a trigger point injection. X-rays of the cervical spine interpreted by

Dr. Anderson on 12/14/00 revealed a stable fusion from C5 through C7. On 01/10/05, Dr. LeGrand recommended a cervical and lumbar myelogram CT scan. On 01/27/05, Dr. LeGrand recommended lumbar spine surgery and a cervical myelogram CT scan. A cervical myelogram interpreted by Dr. LeGrand on 02/01/05 revealed continued central and bilateral C4-C5 defects. On 02/07/05, Dr. LeGrand recommended lumbar and cervical spine surgery. On 02/16/05, Dr. LeGrand performed lumbar spine surgery. On 03/11/05, Dr. LeGrand recommended Ultram, Flexeril, Motrin, and continued use of the back brace. X-rays of the lumbar spine interpreted by Dr. Cole on 03/11/05 revealed postoperative changes only. X-rays of the lumbosacral spine interpreted by Dr. Sickels on 05/19/05 revealed continued postoperative changes only. On 07/05/05, Dr. LeGrand recommended another cervical spine surgery. On 10/20/05, Dr. LeGrand again recommended surgery for the neck. On 01/19/06, Dr. LeGrand noted the patient was still considering surgery. On 03/16/06 and 08/03/06, Dr. LeGrand noted the patient wanted to proceed with the surgery. On 09/15/06 and 09/29/06, CorVel wrote letters of denial for the cervical surgery

Disputed Services:

Anterior cervical discectomy with fusion and plating at C4-C5 and removal of previous plate and one day length of stay

Decision:

I disagree with the requestor. The anterior cervical discectomy with fusion and plating at C4-C5 and removal of previous plate and one day length of stay

Rationale/Basis for Decision:

There was no objective imaging on which to base this decision. The patient has not undergone any objective testing that shows defects at the C4-C5 level. Dr. LeGrande quotes a CT/myelogram, but that radiological study was not available within the medical records (There are myelograms in the records, just not one since 02/05) and before surgery should be approved, an independent radiologist or practitioner should consider whether there is severe degeneration at C4-C5. The current evidence presented in this file does not support the need for an anterior cervical discectomy and fusion with plating at C4-C5.

The rationale provided in making this decision is based upon my experience as a spinal surgeon, the textbook **The Spine** by Rothman and Simeon, and the **American Academy of Orthopedic Surgeons Knowledge Update For The Spine**. At no time should spinal surgery be performed

unless there is objective and real evidence of pathology that corresponds to the patient's symptoms. If such a CT/myelogram does exist, then the decision should be reconsidered after an objective observer looks at that myelogram. The current evidence does not support the need for fusion.

The rationale for the opinions stated in this report are based on clinical experience and standards of care in the area as well as broadly accepted literature which includes numerous textbooks, professional journals, nationally recognized treatment guidelines and peer consensus.

This review was conducted on the basis of medical and administrative records provided with the assumption that the material is true and correct.

This decision by the reviewing physician with RYCO MedReview is deemed to be a Division decision and order.

YOUR RIGHT TO REQUEST A HEARING

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. A request for a hearing should be faxed to 512-804-4011 or sent to:

Chief Clerk of Proceedings/Appeals Clerk
TDI-Division of Workers' Compensation
P. O. Box 17787
Austin, TX 78744

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

I hereby verify that a copy of this Independent Review Organization's decision was sent to the respondent, the requestor, DWC, and the patient via facsimile or U.S. Postal Service this day of 12/21/06 from the office of RYCO MedReview.

Sincerely,

_____
Amanda Thomas
Secretary/General Counsel