



Specialty Independent Review Organization, Inc.

January 19, 2007

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

Patient: \_\_\_\_  
DWC #: \_\_\_\_  
MDR Tracking #: M2-07-0557-01  
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 39 year old injured his neck and right shoulder on \_\_\_\_\_. Patient sustained an injury while lifting at work, placing a brake drum that weighed (according to three different reports) 80, 200, 300 pounds. Patient had immediate onset of pain and became progressively worse within 24 hours. Pain originated in the neck radiating to the right trapezius, right triceps, and tingling into his median nerve distribution. Pain in the neck is described as sharp and stabbing. The valsalva test is negative. Pain is made worse with lifting, reaching, driving, climbing, sneezing, flexion and rotator to the right.

Physical examination of the right shoulder revealed restricted motion of abduction 110, and flexion 90 degrees limited by pain. Cervical spine reveals restricted range of motion, flexion 45, extension 45, right rotation 30, left rotation 30 degrees, in addition to paraspinal tenderness on

the right with trapezius spasm. Negative cervical compression and distraction testing; however, Spurling test produced pain radiating down the right shoulder and upper arm. Triceps reflex is diminished on the right, radial pulse is strong, strength is 5/5, no atrophy of the upper extremities, and a negative Waddell sign.

EMG of 05/04/2006 revealed a right C7 radiculopathy and a borderline right carpal tunnel syndrome. MRI of 05/30/2006 revealed spondylosis from C3 through C6, annular bulge at the right at C3-4, small HNP at C4-5 and 5-6, borderline mild degree of spinal canal stenosis at the C5-6 disc. According to the provider, there is a discrepancy in the report of the MRI. He reports a large disc herniation at C4-5 and significant spinal stenosis at C3-4, 4-5, and 5-6. Patient has been treated with therapy and with three ESIs.

#### RECORDS REVIEWED

Cambridge, Letters: 9/29 and 10/18/2006.

Records, Doctors/Facility:

OrthoInstitute, H&P: No date.

Ortho NeuroImaging, MRI, Shoulder: 4/6/2006.

Excel Occup, Report: 4/13/2006.

OrthoInstitute, Reports: 4/24, 5/18, 6/15, and 9/19/2006.

S Hall, MD, EMG: 5/4/2006.

NHH Imaging, MRI: 5/30/2006.

Precision Pain, Report: 7/18/2006.

ESI: 7/27, 8/8, and 8/24/2006.

R Myles MD, Report: 10/5/2006.

Additional Records from Carrier:

S Robinson Atty, Letters: 12/27/2006 and 1/11/2007.

R Holladay MD, Report: 12/20/2006.

#### REQUESTED SERVICE

The requested service is a three level fusion at C3/4, C4/5 and C5/6.

#### DECISION

The reviewer agrees with the previous adverse determination.

#### BASIS FOR THE DECISION

The patient originally complained of right shoulder pain which was examined, treated, and the MRI was unremarkable. Patient continued to have pain becoming more pronounced in the neck radiating to the right shoulder and upper arm. Patient was treated with ESIs and had temporary improvement. Spinal instability is not established. There is no evidence of reflex loss, muscle atrophy, or motor weakness in a specific dermatome. There is no loss of sensation in a dermatome. EMG reports a right C7 radiculopathy and a mild carpal tunnel. The MRI revealed

small HNPs at C5-6 and C6-7 with mild spinal stenosis. The medical necessity for a three level fusion is not established according to ODG Guidelines.

#### REFERENCES

ODG Guidelines, 2006.

Rothman & Simeone: The Spine, 4th Edition.

Clark: The Cervical Spine, 4th Edition.

Gunzburg, et al: Degenerative Disc Disease.

Herkowitz: Cervical Spine Surgery Atlas, 2nd Edition.

Bradford & Zdeblick: The Spine, 2nd Edition.

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 19<sup>th</sup> day of January 2007**

**Signature of Specialty IRO Representative:**

**Name of Specialty IRO Representative:            Wendy Perelli**