

NOTICE OF INDEPENDENT REVIEW DECISION

July 5, 2002

RE: MDR Tracking #: M2-02-0762-01
IRO Certificate #: 4326

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ___ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, 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 was reviewed.

The independent review was performed by a ___ physician reviewer who is board certified in neurosurgery which is the same specialty as the treating physician. The ___ physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to ___ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

The 38 year old female was injured on ___ when she fell and injured her neck and back. A cervical MRI was performed on 12/03/99. An anterior cervical discectomy and interbody fusion at C5-6, was performed on 04/04/00 utilizing autologous ileac crest bone. ___ performed an MRI on 09/06/01. A bilateral laminoforaminotomy at C5-6 was performed on 09/06/01. A cervical myelogram and post myelogram CT was performed on 09/12/01. The treating physician has requested another cervical MRI.

Requested Service(s)

Cervical MRI

Decision

It is determined that a cervical MRI is medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The patient remains symptomatic with radicular right arm pain approximately seven months after the laminoforaminotomy performed by ___. A myelogram with post-myelogram CT was ordered in an attempt to determine why the patient had residual radicular pain. These tests were chosen instead of an MRI because the healing process was still active and this would present a confusing MRI picture. The myelogram and CT did not show evidence of a central or lateralizing defect and no compression of the right C6 root was noted. As predicted, the radicular arm pain resolved slowly; however, the patient remained symptomatic with suboccipital neck pain with secondary muscle contraction headaches. These headaches persisted for over one year after the

laminoforaminotomy. By this time, all healing processes should have been quiescent. ____ suggested a cervical MRI scan in an effort to explain the patient's persistent suboccipital pain and secondary muscle contraction headaches, symptoms which have persisted despite conservative treatment with physical therapy and steroid injections. The cervical MRI is medically necessary because of the patient's persistent symptoms despite two surgical procedures, the first being an anterior cervical discectomy and arthrodesis and the second a laminoforaminotomy performed one year ago. As would be expect from these two surgical procedures, both the anterior cervical spine and the posterior cervical spine have been disrupted. Late sequelae of these procedures include mechanical instability and subluxation at levels above and below the surgical arthrodesis as well as a higher instance of cervical disc herniation due to the transferred mechanical stress to these motion segments. On plain x-ray examination, a reverse of the normal cervical lordosis persists, again substantiating the likelihood of an ongoing mechanical deterioration of function of the cervical spine. Since a full year has elapsed since surgical intervention, an MRI will not be degraded by active healing processes. This procedure is the most logical and sensitive mode of examination and is, therefore, medically necessary.

This decision by the IRO is deemed to be a TWCC decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** (10) days of your receipt of this decision (20 Tex. Admin. Code 142.5 (c)).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin Code 148.3).

This Decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin Code 102.4(h) or 102.5(d)). A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Workers' Compensation Commission, P.O. Box 40669, Austin, Texas, 78704-0012. **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 (Commission Rule 133.308 (t)(2)).

Sincerely,