IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

June 9, 2004

Re: IRO Case # M2-04-1316

Texas Worker's Compensation Commission:

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to ___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in NeurologicalSurgery, and who has met the requirements for the TWCC Approved Doctor List or who has been granted an exception from the ADL. He or she has signed a certification statement attesting 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 referral to ___ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the ___ reviewer who reviewed this case, based on the medical records provided, is as follows:

<u>Medical Information Reviewed</u>

1. Table of disputed services
2. Denial letters
3. TWCC 69 and report of medical examination 6/13/03
4. IME report 8/6/02
5. MRI of cervical spine report 6/26/02
6. Plain x-ray report both wrists 4/18/02
7. EMG report 4/24/02
8. Report cervical epidural steroid injection
9. Report 10/1/03
10. Letter from surgeon 4/1/04
11. Examination notes
12. Consultation report 1/22/04, 10/30/03
13. Treatment notes

History
The patient is a 47-year-old male who in ___ was cleaning grease from a grill and developed pain in his neck, left wrist and mid-back. He was treated conservatively. A 6/19/02 MRI of the cervical spine showed multiple levels of difficulty, only questionably more severe at the C5-6 level, with what is described as bilateral neuroforaminal narrowing. A 4/24/02 EMG showed carpal tunnel syndrome bilaterally, but there was no radiculopathy evidence. Bilateral carpal tunnel surgery was performed in 2002. In addition, in January 2003 epidural steroid injections were performed in the cervical region. The patient continues with cervical pain, with some right arm pain and interscapular pain.

Requested Service(s)
ACDF C5-6 and cardiac clearance

Decision
I agree with the carrier's decision to deny the requested surgery and cardiac clearance.

Rationale
No cardiac history that would be of concern was provided for this review.
There are no findings on MRI or physical examination to suggest C5-6 as the level of the patient's problem. There is more narrowing of the foramina reported at that level, but changes, such as more degenerative change or instability at the C5-6, level are not documented. There is nothing in the studies to suggest that C5-6 is the level of the patient's trouble. Possibly additional evaluation would be of some benefit in reaching conclusions as to the source of the patient's pain. Under the circumstances presently being dealt with, the chance of an unsuccessful operation is so great that it is not indicated.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to 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** (ten) calendar days of your receipt of this decision (28 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) calendar days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings / Appeals Clerk
P.O. Box 17787
Austin, Texas 78744
Fax: 512-804-4011

The party appealing this decision shall deliver a copy of its written request for a hearing to other party involved in this dispute.

Sincerely,

In accordance with Commission Rule 102.4 (b), I hereby certify that a copy of this Independent Review Organization (IRO) decision was sent to the carrier and the requestor or claimant via facsimile or US Postal Service from the office of the IRO on this 10th day of June 2004.