

September 28, 2004

TEXAS WORKERS COMP. COMISSION
AUSTIN, TX 78744-1609

CLAIMANT:

EMPLOYEE:

POLICY: M2-04-1822-01 SS 5278

Medical Review Institute of America (MRIOA) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO). The Texas Workers Compensation Commission has assigned the above mentioned case to MRIOA for independent review in accordance with TWCC Rule 133 which provides for medical dispute resolution by an IRO.

MRIOA has performed an independent review of the case in question 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. Itemization of this information will follow.

The independent review was performed by a peer of the treating provider for this patient. The reviewer in this case is on the TWCC approved doctor list (ADL). The reviewer has signed a statement indicating they have no known conflicts of interest existing between themselves and the treating doctors/providers for the patient in question or any of the doctors/providers who reviewed the case prior to the referral to MRIOA for independent review.

Records Received:

Records from the State:

Notification of an IRO Assessment (9/15/04, 2 pages)

Texas Workman's Compensation Commission Dispute Resolution TWCC-60 (8/2/04, 3 pages)

Records from Dr. Fitzgerald:

Neurosurgical correspondence from Lynn Fitzgerald, MD (7/22/04, 2 pages)

Neurosurgical correspondence from Lynn Fitzgerald, MD (2/3/04, 2 pages)

Records from Dr. Cochran:

Correspondence from Casey Cochran, MD (2/11/04, 3 pages)

TWCC-69 Form (3/31/04, 1 page)
Correspondence from Joel Wolinsky, MD (5/20/03, 3 pages)
Correspondence from Joel Wolinsky, MD (5/21/03, 1 page)
PT Evaluation (5/21/03, 3 pages)
Correspondence from Austin and Associates (2/21/03, 3 pages)
Correspondence from Physicians Contract Services (2/20/03, 5 pages)
Report of Medical Evaluation (5/12/99, 2 pages)
Injured Employee Status Form (4/19/03, 1 page)
Texas Workman's Compensation Commission Status Report (01/03/04, 2/10/04-1 page)*
Initial Medical Report Workman's Compensation Commission (4/28/99, 1 page)
Employees First Report of Injury (4/14/99, 1 page)
Correspondence from Downtown Performance Rehabilitation (12/15/03-2 pages, 1/29/04-1 page, 2/10/04-1 page, 5/24/04-2 pages, 3/31/04-1 page, 1/13/04-2 pages, and 3/4/04-1 page)
Letter from Dr. Fitzgerald (2/3/04, 2 pages)
Texas Workers' Compensation Work Status Report (2/10/04, 1 page)
MRI of hip (2/13/04, 1 page)
MRI request form (date of injury ____, 1 page)
Neurosurgical correspondence from Rajesh Bindal, MD (11/26/03-1 page, 1/29/03-2 pages)
Cervical Myelogram procedure and report (10/15/03, 4 pages)
Correspondence from Ergo Rehabilitation (5/21/03, 2 pages)

Summary of Treatment/Case History:

By history, the patient is a 55 year-old male maintenance worker who was involved in a work related accident on _____. By description, he was hit in the back of the head by a crane. He has not returned to work following that event. He continues to complain of severe cervical pain, in addition to some pain in his upper extremities which is non-specific. He has right occipital basal skull and neck pain. His exam is intact neurologically without evidence of myelopathy or radiculopathy. His cervical myelogram (10/15/03) documents bone spurs at C3-C7 with distortion of the thecal sac at C4-C7 (exacerbated at C6-7). Correspondence from Rajesh Bindal, MD (11/26/03 and 1/29/03), suggests the need for an anterior decompression. Neurosurgical correspondence from Lynn Fitzgerald, MD suggested that a cervical laminectomy would be a more prudent approach, given the results of the imaging studies. A C5-6 laminectomy was recommended.

Questions for Review:

1. Please advise medical necessity of C5 & C6 Cervical Laminectomies.

Explanation of Findings:

1. Please advise medical necessity of C5 & C6 Cervical Laminectomies.

Yes, the C5-6 laminectomy is medically necessary. The patient requires a C5-6 laminectomy. Despite the absence of myelopathy or radiculopathy on exam, the significant bone spurs at C3-C7 with distortion of the thecal sac at C4-C7 (exacerbated at C6-7) and associated stenosis as documented by cervical myelogram (10/15/03) are indicative of the need for decompression.

Conclusion/Decision to Certify:

The cervical C5-6 laminectomy is certified.

Applicable Clinical or Scientific Criteria or Guidelines Applied in Arriving at Decision:

1. Schofferman J. Garges K. Goldthwaite N. Koestler M. Libby E. Upper cervical anterior discectomy and fusion improves discogenic cervical headaches. *Spine*. 27(20):2240-4, 2002.
2. Martin R. Carda JR. Pinto JI. Sanz F. Montiaga F. Paternina B. Trigueros F. Izquierdo JM. Vazquez-Barquero A. Anterior cervical discectomy and interbody arthrodesis using Cloward technique: retrospective study of complications and radiological results of 167 cases. *Neurocirugia*. 13(4):265-84, 2002
3. Epstein NE. Anterior cervical discectomy and fusion without plate instrumentation in 178 patients. *Journal of Spinal Disorders*. 13(1):1-8, 2000
4. Albert TJ. Murrell SE. Surgical management of cervical radiculopathy. *Journal of the American Academy of Orthopaedic Surgeons*. 7(6):368-76, 1999.
5. Albert TJ. Smith MD. Bressler E. Johnson LJ. An in vivo analysis of the dimensional changes of the neuroforamen after anterior cervical discectomy and fusion: a radiologic investigation. *Journal of Spinal Disorders*. 10(3):229-33, 1997.
6. Uzerman MJ. Reuzel RP. Severens HL. Pre-assessment to assess the match between cost-effectiveness results and decision makers' information needs: an illustration using two cases in rehabilitation medicine in The Netherlands. [Journal Article] *International Journal of Technology Assessment in Health Care*. 19(1):17-27, 2003

The physician providing this review is board certified in Neurological Surgery. The physician is a member of the American Medical Association, the Congress of Neurological Surgeons, the American Association of Neurological Surgeons, the Society of University Neurosurgeons and the American College of Surgeons. The reviewer has served on the editorial boards for Neurosurgery and *Journal of Neurosurgery:Focus*. The reviewer has served as a clinical instructor and Assistant Professor of Neurosurgery at the university level. The reviewer is currently an associate professor at the university level. The reviewer has extensive publishing and presentation within their field of specialty. The reviewer has been in active practice since 1986.

MRIoA is forwarding this decision by mail, and in the case of time sensitive matters by facsimile, a copy of this finding to the treating provider, payor and/or URA, patient and the TWCC.

It is the policy of Medical Review Institute of America to keep the names of its reviewing physicians confidential. Accordingly, the identity of the reviewing physician will only be released as required by state or federal regulations. If release of the review to a third party, including an insured and/or provider, is necessary, all applicable state and federal regulations must be followed.

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The written opinions provided by MRIOA represent the opinions of the physician reviewers and clinical advisors who reviewed the case. These case review opinions are provided in good faith, based on the medical records and information submitted to MRIOA for review, the published scientific medical literature, and other relevant information such as that available through federal agencies, institutes and professional associations. Medical Review Institute of America assumes no liability for the opinions of its contracted physicians and/or clinician advisors. The health plan, organization or other party authorizing this case review agrees to hold MRIOA harmless for any and all claims which may arise as a result of this case review. The health plan, organization or other third party requesting or authorizing this review is responsible for policy interpretation and for the final determination made regarding coverage and/or eligibility for this case.

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CC: Lynn Fitzgerald, MD
Union Tank Car Company c/o Gallagher Bassett