

MEDICAL REVIEW OF TEXAS

[IRO #5259]

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NOTICE OF INDEPENDENT REVIEW DETERMINATION

TDI-WC Case Number:	
MDR Tracking Number:	M2-06-0146-01
Name of Patient:	
Name of URA/Payer:	St. Paul Fire & Marine Insurance
Name of Provider: (ER, Hospital, or Other Facility)	
Name of Physician: (Treating or Requesting)	Howard Cotler, MD

December 21, 2005

An independent review of the above-referenced case has been completed by a medical physician board certified in neurosurgery. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by Texas Medical Foundation, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

Medical Review of Texas (MRT) hereby certifies that the reviewing physician is on the Division of Workers' Compensation Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to MRT.

Sincerely,

Michael S. Lifshen, MD
Medical Director

cc: Howard Cotler, MD
Division of Workers' Compensation

CLINICAL HISTORY

RECORDS REVIEWED:

1. Notation of IRO assignment which includes a document from Concentra outlining the rejection of proposed procedure. A letter from the patient herself and a letter from Earl Labuga.
2. Handwritten notes, the source of which is unknown. Enclosed within these are also Gulf Coast Spine notes dictated by Howard Cotler dictated from June 2, through December 8.
3. MRI report dated 7/19 which describes a 2.5mm left paracentral HNP effacing anterior subarachnoid space with no frank cord indentation. Her neural foramina are widely patent. Otherwise the study is normal.
4. Notes from Dr. John Jones, the neurosurgeon, who describes her initially as having classic muscle contraction headaches as well as weakness of the triceps on the right and tricep reflexes on the right as well and that this is classic for an irritated C6 nerve root.

This is a now 45-year-old woman who was injured on _____. She was at work when a light fixture fell, striking her on the top of her head. The fixture itself was felt to be approximately 17 pounds. She was noted to have a headache immediately afterwards. She was evaluated in the occupational clinic and soon after was referred for, what appears to be chiropractic management. Physical exam found her to have neck pain. There is also notation intermittently throughout the chart that she has had complaints that she had right arm pain immediately after the injury. The neurologic exam has been essentially normal with a few exceptions mentioned below. She has had physical therapy until a MRI scan was performed, which discussed a protruded C5 disc, approximately 2.5mm in size effacing the anterior thecal sac but no cord compression and the neural foramina are described as being widely patent. She was referred to a neurologic surgeon who has now twice recommended a C5, C6 anterior cervical fusion feeling that she has a C6 radiculopathy. The basis of this is the fact that she has

reduced tricep reflex and reduced strength in her triceps and as Dr. Jones, the neurosurgeon, dictates, this is classic for an irritated C6 nerve root caused by a herniated disc at C5. In earlier notes, he states that the patient had classic muscle contraction headaches, however.

The patient has also had a negative EMG. She has had various physical exams, which show a variety of things. The neurologic surgeon finds her to have weakness of the right triceps and depression of the right tricep reflex. However, Dr. Coulter, who has seen the patient on numerous occasions, describes her as having normal reflexes and normal motor exam with the exception of flexor digitorum profundus and dysesthesias in the right C6 dermatome. Please note that the MRI scan discusses a left paracentral HNP but again the neural foramina are widely patent.

REQUESTED SERVICE(S)

Anterior cervical decompression with fusion at C5 and C6.

DECISION

Denied.

RATIONALE/BASIS FOR DECISION

This patient's physical exam is not consistent from one physician to another. Further, Dr. Jones' description of this being a classic for an irritated C6 nerve root is not accurate. The tricep muscle as well as the tricep reflex is sub served by the C7 nerve one level below. Further, the patient is complaining of bilateral arm pain approximately three out of ten and neck pain approximately three out of ten. This based on a note given by Dr. Cotler approximately two months ago.

There is no reliable physical exam evidence of a cervical radiculopathy and there is no evidence at all of cervical instability. Therefore, no surgical procedure should be aimed at this 2.5mm disc bulge/herniation at C5.

Certification of Independence of Reviewer

As the reviewer of this independent review case, I do hereby certify that I have no known conflicts of interest between the 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.

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.

Chief Clerk of Proceedings
Division of Workers' Compensation
P.O. Box 17787
Austin, Texas 78744

Or fax the request to (512) 804-4011. A copy of this decision must be attached to the request.

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

In accordance with Rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 22nd day of December 2005.

Signature of IRO Employee: _____
Printed Name of IRO Employee: Cindy Mitchell