

January 25, 2006

TX DEPT OF INS DIV OF WC
AUSTIN, TX 78744-1609

CLAIMANT: ___

EMPLOYEE: ___

POLICY: M2-06-0553-01

CLIENT TRACKING NUMBER: M2-06-0553-01-5278

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

MRIOA 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. 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 DWC approved doctor list (ADL). The reviewing provider has no known conflicts of interest existing 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.

Records Received:

FROM THE STATE:

Notification of IRO assignment 1/5/06 - 1 page

Texas Department of Insurance Division of Workers' Compensation form 1/5/06 - 1 page

Medical Dispute resolution request/response - 2 pages

Table of disputed services - 1 page

Letter from Sandra Keith, LVN/Texas Mutual to Dr. Gentry, MD 10/19/05 - 2 pages

Letter from Sandra Keith, LVN/Texas Mutual to Dr. Gentry, MD 11/10/05 - 2 pages

FROM THE REQUESTOR/Dr. Gentry:

MRI cervical spine report 2/16/04 - 2 pages

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Chart notes 3/9/04 - 3 pages
Myelogram, cervical report 3/25/04 - 1 page
CT cervical report 3/25/04 - 2 pages
Chart notes 3/30/04 - 1 page
Entrapment screening report 4/15/04 - 3 pages
Chart notes 4/27/04 - 2 pages
MRI left shoulder report 5/10/04 - 1 page
MRI brachial plexus report 5/10/04 - 1 page
Chart notes 5/14/04 - 1 page
Letter from Dr. Gentry, MD 6/8/04 - 1 page
X-ray chest report 6/24/04 - 1 page
History and physical 6/30/04 - 3 pages
X-ray C-spine report 6/30/04 - 4 pages
Operative report 6/30/04 - 2 pages
X-ray C-spine report 7/1/04 - 1 page
Chart notes 7/16/04 - 1 page
X-ray cervical spine report 7/16/04 - 1 page
Chart notes 8/13/04 - 1 page
X-ray cervical spine report 8/13/04 - 1 page
Chart notes 10/7/04 - 1 page
X-ray cervical spine AP and lateral x-ray report 10/7/04 - 1 page
Discharge summary 11/10/04 - 2 pages
Chart notes 11/30/04 - 1 page
X-ray cervical spine AP and lateral x-ray report 11/30/04 - 1 page
X-ray cervical spine report 2/1/05 - 1 page
Chart notes 2/1/05 - 1 page
MRI cervical spine report 2/11/05 - 1 page
Chart notes 2/14/05 - 2 pages
Chart notes 2/22/05 - 1 page
Procedure note 3/2/05 - 1 page
Chart notes 3/2/05 - 1 page
Chart notes 4/5/05 - 2 pages
Procedure note 4/13/05 - 1 page
Chart notes 4/13/05 - 1 page
Chart notes 5/27/05 - 1 page
Chart notes 6/29/05 - 1 page
EMG/Nerve conduction study report 8/18/05 - 2 pages
Motor nerve conduction study report 8/18/05 - 2 pages
Procedure note 8/30/05 - 1 page
Chart notes 8/30/05 - 1 page
Chart notes 9/23/05 - 1 page
CT myelogram cervical spine report 10/3/05 - 1 page
Cervical myelogram report 10/3/05 - 1 page
Cervical spine x-ray report 10/3/05 - 1 page
Procedure note 10/5/05 - 1 page
Chart notes 10/5/05 - 1 page
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Chart notes 10/11/05 - 2 pages

Letter from Chil Wilson, ACNP/Dr. Gentry, MD 10/31/05 - 2 pages

Chart notes 11/15/05 - 1 page

Chart notes 12/2/05 - 1 page

FROM THE RESPONDENT/Texas Mutual Insurance:

Letter from LaTrece E. Giles, RN /Texas Mutual 1/17/06 - 2 pages

Chart notes 1/17/04 - 1 page

MRI cervical spine report 2/16/04 - 2 pages

Cervical myelogram report 3/25/04 - 1 page

CAT scan cervical ENT report 3/25/04 - 1 page

MRI left shoulder report 5/10/04 - 1 page

Operative report 6/30/04 - 2 pages

MRI cervical spine report 2/11/05 - 1 page

Report of medical evaluation - 1 page

Designated medical examination report 4/20/05 - 5 pages

Chart notes 9/23/05 - 1 page

Cervical myelogram report 10/3/05 - 1 page

CT myelogram cervical spine report 10/3/05 - 1 page

Cervical spine x-ray report 10/3/05 - 1 page

Chart notes 10/11/05 - 2 pages

Letter from Sandra Keith, LVN/Texas Mutual to ____ 10/19/05 - 2 pages

Letter from Peggy M. Steed/Texas Mutual to ____ 11/10/05 - 2 pages

Chart notes 11/15/05 - 1 page

Summary of Treatment/Case History:

The patient is a 47 year-old man who while working under a trailer on ____, reported a muscle strain after pulling on a wrench on hydraulic fittings. He was initially diagnosed with left shoulder/scapula strain on 01/17/04, but a cervical MRI dated 02/16/04, showed a broad based disc herniation at C5-6 causing moderate deformity of the thecal sac and mild cord compression. On 06/30/04, he underwent an anterior cervical discectomy and fusion at C5-C6 and C6-C7, by Brett Gentry, MD. Because of ongoing complaints of pain, on 02/11/05, a repeat cervical MRI was done, which showed a right lateral disc protrusion narrowing the right intervertebral foramen at C5-6.

The employee saw Gerald Hill, MD, for a designated doctor exam with a WBI of 15%. In his report dated 09/23/05, Dr. Gentry noted, that he has had epidural steroid injections by Dr. Ice, but continued to have neck pain.

A post-myelogram CT scan dated 10/03/05, showed "postoperative changes at C5-6 and C6-7 with findings suggesting the presence of a compressive right paracentral osteophyte at the C5-6 level. The employee saw Dr. Gentry in a follow-up visit on 10/11/05, who stated that because of the significant size of the osteophyte, the recommendation would be for surgery due to the amount of neck pain he is having. He has requested a posterior approach with a laminoforaminotomy on the right side at C5-6. If there were no obvious fusion or pseudoarthrosis, he would include a fusion from C5 to C7. On 10/19/05, a preauthorization request for right C5-6 laminoforaminotomy with possible posterior fusion was denied by a physician advisor who stated that the symptoms were of neck and left scapular pain and that the imaging study was abnormal at C5-6 on the right side. He did not believe that the proposed surgery would relieve the reported symptoms.

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A preauthorization request for reconsideration was also denied by a physician advisor on 11/20/05, who stated that the requested procedure was not supported by diagnostic testing or the letter of appeal. The last report available is from Dr. Gentry dated 11/15/05, in which he recommended getting a second opinion from another neurosurgeon. On 10/31/05 Dr Gentry appealed the denial stating that the patient had undergone previous anterior cervical discectomy and fusion at C5-6, C6-7 on 6/30/04 and continues to have neck pain. Review of the MRI done on 2/11/05 on the axial views did show a right-sided disc bulge to herniation at C5-6 with foraminal narrowing and some pressure on the spinal cord. He also had a myelogram, which showed post-op changes at C5-6, C6-7 with C5-6. There is an osteophyte towards the right side and some pressure on the spinal cord with narrowing of the neural foramen. While the MRI does show the osteophyte, essentially more to the right, this can also be referred left scapular pain. He would like to perform a posterior decompression giving the entire spinal column at that level more room and also include the right C5-6 laminoforaminotomy for removal of the osteophyte.

Questions for Review:

1. ITEM(S) IN DISPUTE: Preauthorization denied for Posterior right C5-6 Laminoforaminotomy with possible posterior fusion.

Explanation of Findings:

The Treatment is not medically necessary. The patient has symptoms of left cervical and scapular pain. The likelihood of referred pain, as suggested, is not a viable consideration. There is nothing to suggest pseudoarthrosis on the patients multiple studies.

Conclusion/Decision to Not Certify:

1. ITEM(S) IN DISPUTE: Preauthorization denied for Posterior right C5-6 Laminoforaminotomy with possible posterior fusion.

The Treatment is not medically necessary. The patient has symptoms of left cervical and scapular pain. The likelihood of referred pain, as suggested, is not a viable consideration. There is nothing to suggest pseudoarthrosis on the patients multiple studies.

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

Saringer WF. Reddy B. Nobauer-Huhmann I. Regatschnig R. Reddy M. Tschabitscher M. Knosp E. Endoscopic anterior cervical foraminotomy for unilateral radiculopathy: anatomical morphometric analysis and preliminary clinical experience. [Journal Article] Journal of Neurosurgery. 98(2 Suppl):171-80, 2003

Harrop JS. Silva MT. Sharan AD. Dante SJ. Simeone FA. Cervicothoracic radiculopathy treated using posterior cervical foraminotomy/discectomy. [Journal Article] Journal of Neurosurgery. 98(2 Suppl):131-6, 2003 Mar.

Hacker RJ. Miller CG. Failed anterior cervical foraminotomy.[see comment]. [Journal Article] Journal of Neurosurgery. 98(2 Suppl):126-30, 2003 Mar.

Jho HD. Failed anterior cervical foraminotomy.[see comment][comment]. [Comment. Editorial] Journal of Neurosurgery. 98(2 Suppl):121-5; discussion 125, 2003 Mar.

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Schoggl A. Reddy M. Saringer W. Ungersbock K. Social and economic outcome after posterior microforaminotomy for cervical spondylotic radiculopathy. [Journal Article] Wiener Klinische Wochenschrift. 114(5-6):200-4, 2002 Mar 28

Saringer W. Nobauer I. Reddy M. Tschabitscher M. Horaczek A. Microsurgical anterior cervical foraminotomy (uncoforaminotomy) for unilateral radiculopathy: clinical results of a new technique. [Journal Article] Acta Neurochirurgica. 144(7):685-94, 2002 Jul.

Tascioglu AO. Attar A. Tascioglu B. Microsurgical anterior cervical foraminotomy (uncinectomy) for cervical disc herniation. Report of three cases. [Journal Article] Journal of Neurosurgery. 94(1 Suppl):121-5, 2001 Jan

Witzmann A. Hejazi N. Krasznai L. Posterior cervical foraminotomy. A follow-up study of 67 surgically treated patients with compressive radiculopathy. [Journal Article] Neurosurgical Review. 23(4):213-7, 2000 Dec.

Stendel R. Gramm HJ. Schroder K. Lober C. Brock M. Transcranial Doppler ultrasonography as a screening technique for detection of a patent foramen ovale before surgery in the sitting position.[see comment]. [Clinical Trial. Journal Article] Anesthesiology. 93(4):971-5, 2000 Oct.

Woertgen C. Rothoerl RD. Henkel J. Brawanski A. Long term outcome after cervical foraminotomy. [Journal Article] Journal of Clinical Neuroscience. 7(4):312-5, 2000 Jul.

The physician providing this review is board certified in Neurological Surgery (1997). The reviewer has additional certification from the American Board of Pediatric Neurosurgery (1998) 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.

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 (continued)

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 / Appeals Clerk
P. O. Box 17787
Austin, TX 78744

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.

MRloA 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, and the DWC.

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. Medical Review Institute of America retains qualified independent physician reviewers and clinical advisors who perform peer case reviews as requested by MRloA clients. These physician reviewers and clinical advisors are independent contractors who are credentialed in accordance with their particular specialties, the standards of the American Accreditation Health Care Commission (URAC), and/or other state and federal regulatory requirements.

The written opinions provided by MRloA 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 MRloA 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 MRloA 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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Case Analyst: Cherstin ext 597

cc: Requestor
Respondent