

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

April 3, 2002

Re: IRO Case # M2-02-0450

___ 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 IRO's, 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 Neurological Surgery. 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 ___ reviewer who reviewed this case has determined that, based on the medical records provided, the requested care is not medically necessary. Therefore, ___ agrees with the adverse determination regarding this case. The reviewer's decision and the specific reasons for it, is as follows:

1. I agree with the carrier's decision to deny this patient the requested myelographic evaluation with CT scanning. My reason is that the records provided do not indicate that the patient has been evaluated for a possible surgical procedure by a spinal surgeon. Such an evaluation is important because a myelogram is a diagnostic tool without any therapeutic benefit. A spinal surgeon would look for something specific on a myelogram that would indicate a surgical procedure would be necessary. The spinal surgeon would base a decision on the myelographic findings along with the surgeon's exam findings and other testing.
2. In my opinion this patient is a potential candidate for myelographic evaluation if it is decided to be indicated by the above-mentioned consult. A myelogram would be helpful because the level of difficulty is sometimes more readily seen on myelographic

evaluation when there are six lumbar vertebra. Also, previous surgery sometimes interferes with other diagnostic testing more than it interferes with myelographic evaluation. This is a case of previous surgery having been performed.

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 this medical dispute may disagree with all or part of the decision and has a right to request a hearing. 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 a hearing should be sent to: Chief Clerk of proceedings, Texas Worker’s Compensation Commission, P O Box 4066, Austin, TX 78704-0012. A copy of this decision should be attached to the request.

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

Sincerely,

Medical Director

I hereby certify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or US Postal Service from the office of the IRO on this _____ day of _____ 2002.

Signature of IRO Representative:

Printed name of IRO Representative: