

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

May 17, 2002

Re: IRO Case # M2-02-0563-01

Texas Workers' 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 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 medically necessary. Therefore, ___ disagrees with the adverse determination regarding this case. The reviewer's decision and the specific reasons for it, is as follows:

This case involves a then 39-year-old male who on ___ developed pain while welding. This neck pain was soon joined by right upper extremity pain. An MRI of the cervical spine 12/29/99 suggested a right-sided C6-7 disc rupture as the possible source of trouble. That study was obtained after considerable conservative measures had been tried. On February, 2000 an epidural steroid injection in the cervical region led to some improvement, such that a previously recommended surgery was at least delayed. The patient returned to work in November, 2000, but after three months his pain was such that he stopped working in February, 2001. A repeat MRI of the cervical spine showed a more pronounced C6-7 disc rupture on the right side. In addition, there was some chronic change compromising the right neural foramina at C5-6, but this was not thought surgically significant. On 5/9/01 an

anterior cervical discectomy infusion at the C6-7 level was carried out. Post operatively the patient has continued to have discomfort, and it is thought that evaluation of his cervical spine needs to be more thoroughly carried out. A complete MRI of the cervical spine with and without enhancements has been recommended

I disagree with the denial of the MRI. It is possible that surgical complications could be seen on that exam that could account for the patient's continued trouble, such as continued nerve root compression. The patient's post operative course suggests that after initial improvement, the patient's pain has once more increased, suggesting the possibility of some complication of surgery. Also, the MRI done before surgery suggested some difficulty at the C5-6 level, and this change may have increased.

Under this patient's circumstances, a C6-7 problem has been thought to be related to the patient's injury, and therefore changes, even if secondary to fusion below the 5-6 level, would still be responsible in all medical probability for the C5-6 problem.

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.

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) 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) 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 40669, 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 (Commission Rule 133.308 (t)(2)).

Sincerely,

President

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, 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: