

November 13, 2002

Re: Medical Dispute Resolution  
MDR #: M2.02.0608.01  
IRO Certificate No.: IRO 5055

Dear

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to \_\_\_ for an independent review. \_\_\_ has performed an independent review of the medical records to determine medical necessity. In performing this review, \_\_\_ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is trained in the specialty of Neurosurgery.

I am the Secretary and General Counsel of \_\_\_ and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

We are simultaneously forwarding copies of this report to the payor and the Texas Workers' Compensation Commission. This decision by \_\_\_ is deemed to be a Commission decision and order.

Clinical History:

This male patient suffered an on-the-job injury, which resulted in discomfort primarily to the lumbar and cervical regions. He has undergone conservative management, including invasive blocks. Earlier after his injuries his complaints of cervical spine pain involved primarily the right upper extremity. However, in February 2000, he complained more of left-sided symptoms.

His most recent imaging studies in October 2001, of the cervical spine reveal evidence of multiple-level spondylosis. The noted changes have been left-sided and are both anterior and posterior, with involvement of the discs, uncal-vertebral joints, as well as facet joints. He has had some neural foraminal narrowing noted on the right. The clinical examinations demonstrate a normal motor examination and the absence of clear-cut dermatomal sensory loss.

There is no indication from the records to suggest long tract findings or a myelopathy.

Disputed Services:

EMG/NCV/SEP/SSEP of bilateral upper extremity.

Decision:

The reviewer agrees with the determination of the insurance carrier. The reviewer is of the opinion that the services in question are not medically necessary in this case.

Rationale for Decision:

There is very little on clinical examination to suggest localizing this to a specific level of the cervical spine. The electrical or evoked studies would not add significantly to his diagnosis and/or treatment at this stage. This is based on a combination of the history, clinical findings on exam, as well as imaging studies.

### **YOUR RIGHT TO REQUEST A HEARING**

Either party to this medical dispute may disagree with all or part of this 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 ten (10) days** of your receipt of this decision (28 Tex. Admin. Code 142.5©).

**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 twenty (20) days** of your receipt of this decision (28 Tex. Admin. Code 148.3).

**This Decision is deemed received by you five (5) 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 Workers' Compensation Commission  
P.O. Box 40669  
Austin, TX 78704-0012

**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.

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 November 13, 2002.

Sincerely,