

July 2, 2002

Re: Medical Dispute Resolution
MDR #: M2-02-0609-01
IRO Certificate No.: IRO 5055

Dear

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). Texas Workers' Compensation Commission Rule 133.308 "Medical Dispute Resolution by an Independent Review Organization", effective January 1, 2002, allows an injured employee, a health care provider and an insurance carrier to appeal an adverse determination by requesting an independent review by an IRO.

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 physician. Your case was reviewed by a physician reviewer who is Board Certified in Physical Medicine and Rehabilitation.

THE PHYSICIAN REVIEWER OF THIS CASE AGREES WITH THE DETERMINATION MADE BY THE INSURANCE CARRIER ON THIS CASE. The reviewer found no indication to repeat an MRI at this time.

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 forwarding herewith a copy of the referenced Medical Case Review with reviewer's name redacted. We are simultaneously forwarding copies to the patient, the payor, and the Texas Workers' Compensation Commission. This decision by ___ 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 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 26, 2002.

Sincerely,

MEDICAL CASE REVIEW

This is for _____. I have reviewed the medical information forwarded to me concerning TWCC Case File #M2-02-0609-01, in the area of Physical Medicine and Rehabilitation. The following documents were presented and reviewed:

A. MEDICAL INFORMATION REVIEWED:

1. Notes from Texas Worker's Compensation Commission.
2. Summary from _____.
3. Note from _____, dated March 13, 2002, indicating that the issue should be contested.
4. Notes from _____, indicating that the MRI should not be approved.
5. TWCC Form 73, Work Status Reports.
6. Progress notes from _____.

B. BRIEF CLINICAL HISTORY:

This is a 46-year-old lady who in _____ sustained a compensable low back injury. She was treated conservatively initially with medications and other modalities. At that time, an MRI was completed, noting multiple-level degenerative disk disease as well as a herniated nucleus pulposus at the

L4-5 level. Her treating doctor, ____, declared maximum medical improvement on November 3, 1996, with a 10% impairment rating.

She continued to follow up with ____ over the years with sporadic visits, at times two or three times in a brief period or going 4-5 months at a time without seeing _____. During that time, there were multiple requests if she wanted to have surgical intervention for her disk disease, and the answer was no. She continued to have a significant amount of back pain. At times, straight-leg raising was positive at 45 or 60, and there was radicular-type symptomatology noted.

In addition, in February of this year, ____ noted peripheral vascular disease of the right lower extremity, as well as right leg radiculopathy and a herniated nucleus pulposus. It appears that in March and April of this year, the leg symptomatology became more problematic, as she was having "increased radiculopathy," and ____ wished to see if there was progression of the disk disease.

C. DECISION:

I AGREE WITH THE DETERMINATION MADE BY THE INSURANCE CARRIER IN THIS CASE.

The purpose of any diagnostic study is either to advance the diagnosis or to change the treatment plan. Clearly, we have a diagnosis made in terms of a herniated nucleus pulposus in the lumbar spine. Therefore, the diagnosis would not be changed. There is some question of a worsening disk. However, the question is would the treatment plan change. As noted on numerous occasions by ____, this lady does not want to have any surgical intervention, which limits one to consider care to include osteopathic manipulative therapies and other modalities. Unless there was a declaration from the patient that there was an intent for surgery, and this would be demonstrated by evaluation by a surgeon to determine whether or not this lady was a surgical candidate, there is no indication to repeat this MRI at this time.

D. ADDITIONAL COMMENTS:

Clearly, this is a long-term case. The issue for the sake of repeating the study, based on the notes provided, does not warrant a repeat study at this time. However, if there was a surgical assessment and this lady was amenable to surgical intervention, then the study should be repeated at that point.

E. DISCLAIMER:

The opinions rendered in this case are the opinions of this evaluator. This medical evaluation has been conducted on the basis of the documentation as provided to me with the assumption that the material is true, complete and correct. If more information becomes available at a later date, then additional service, reports or consideration may be requested. Such information may or may not change the opinions rendered in this evaluation. My opinion is based on the clinical assessment from the documentation provided.

Date: 1 July 2002