

May 22, 2002

Re: Medical Dispute Resolution
MDR #: M2-02-0624-01

IRO Certificate No.: I RO 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 health care provider. Your case was reviewed by a physician Board Certified in Psychiatry, Neurology, and Electrodiagnostic Medicine.

THE PHYSICIAN REVIEWER OF THIS CASE AGREES WITH THE DETERMINATION MADE BY THE INSURANCE CARRIER ON THIS CASE.

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 this 22nd day of May, 2002.

Sincerely,

Secretary & General Counsel

MEDICAL CASE REVIEW

This is ____ for _____. I have reviewed the medical information forwarded to me concerning Case File #M2-02-0624-01, in the area of Neurology. The following documents were presented and reviewed:

A. MEDICAL INFORMATION REVIEWED:

1. Dr. ____ letters and notes.
2. Dr. ____ notes.
3. EMG of January 2001.
4. MRI of cervical spine, dated November 2000.

B. SUMMARY OF EVENTS:

In brief, the patient complained of a work-related injury beginning in ____ which she attributed to her typing duties. Subsequent evaluation included an EMG on 1/02/01 which did not find carpal tunnel syndrome but instead found a mild cubital tunnel abnormality in the ulnar nerve and mild abnormality on the needle portion of the exam, suggesting perhaps an acute C-6 radiculopathy. An MRI of the cervical spine performed in November 2000 showed a left lateral herniated disk at the C5-6 vertebral level.

C. OPINION:

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

At this point, she had a normal physical exam reported, with an EMG not showing any severe radicular injury. An MRI of the cervical spine had already documented a cause that was reasonable, i.e., a herniated disk at left C5-6. It did not seem likely that getting a CT scan of the cervical spine would contribute to or alter the care she was already receiving for treatment of her symptoms.

D. 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: 21 May 2002