July 10, 2002

Re: Medical Dispute Resolution
MDR #: M2-02-0661-01
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 physician. Your case was reviewed by a Board Certified in Anesthesiology and Pain Management.

THE REVIEWER OF THIS CASE AGREES WITH THE DETERMINATION MADE BY THE INSURANCE CARRIER ON THIS CASE. The Lumbar MRI is not medically necessary.

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 25, 2002.

Sincerely,

MEDICAL CASE REVIEW

This is ___ for ___. I have reviewed the medical information forwarded to me concerning TWCC Case File #M2-02-0661-01, in the area of Anesthesiology and Pain Management. The following documents were presented and reviewed:

A. MEDICAL INFORMATION REVIEWED:

1. Request for review of denial of lumbar MRI.
2. Correspondence.
3. Correspondence from treating physician.
4. History and physical and office notes.
5. Radiology reports.

B. BRIEF CLINICAL HISTORY:

The patient is an unfortunate gentleman who suffered a back injury in ___. This subsequently required surgical correction with a lumbar L5-S1 diskectomy and lumbar fusion. The patient presents most recently with a post-injury/surgical lumbar radiculopathy with severe pain and a chronic pain syndrome.

C. DISPUTED SERVICE:

The disputed service is a request for a lumbar MRI.

D. DECISION:

I AGREE WITH THE ___ REVIEW DENYING THE REQUEST FOR LUMBAR MRI DUE TO LACK OF PHYSICIAN PROGRESS NOTES AND ANY OBJECTIVE STATED FINDINGS.

E. RATIONALE FOR DECISION:

Regrettably, ___, the treating physician, presents only letters for the purpose of this review. The letters speak to the severity of the patient's pain and the difficulty of his social circumstance. The letters further express his anger and frustration. They do not, however, offer objective findings to suggest that the pain is anything other than post-surgical lumbar radiculopathy. The patient's neurosurgeon, ___, in March of 2002 recommended plain x-rays of the lumbar spine and a CT/myelogram. This is clearly more likely to answer the unresolved questions regarding nerve root compression and/or instability of the lumbar spine. The MRI as suggested by ___ is less likely to be helpful due to the previous surgery and hardware implantation. I am confused why the recommendations of ___, the patient's treating surgeon, are not being pursued.

IN SUMMARY, ___ provides no objective findings and is not following his neurosurgeon consultant's recommendations. Perhaps, data exists but is not presented.

As an aside, ___ can best utilize his medical knowledge to advocate for his patients by presenting findings and medical judgments while reducing subjective and arbitrary projections of anger.

F. 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: 3 July 2002