

NOTICE OF INDEPENDENT REVIEW DECISION

July 30, 2002

RE: MDR Tracking #: M2-02-0721-01
IRO Certificate #: 4326

The ___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ___ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a ___ physician reviewer who is board certified in orthopedic surgery which is the same specialty as the treating physician. The ___ physician reviewer has signed a certification statement stating 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 the referral to ___ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This 39 year old female sustained a work-related injury on ___ when she caught her heel between the concrete margin of the steps and some flashing and rolled head-over-heels down approximately ten stair steps. The attending physician's history and physical, dated 11/07/01, indicates that the patient was complaining of numbness and tingling that radiates around to her lower chest and into her abdomen. The diagnostic impression included idiopathic scoliosis, possible thoracic spine herniated disc and possible lumbar spine herniated disc. The attending physician recommended an MRI of the thoracic and lumbar spine.

Requested Service(s)

Thoracic and lumbar MRI

Decision

It is determined that the thoracic and lumbar MRIs are not medically necessary.

Rationale/Basis for Decision

This 39 year old female had a history of idiopathic scoliosis at the time of the fall in _____. The original injury was treated with physical therapy and medication. The patient reported periodic episodes of back pain. In November 2001, _____ evaluated the patient for multiple complaints, including numbness, tingling, and burning that radiates to the chest wall on the left side. The examination revealed no significant adverse findings. An x-ray of the spine on 11/07/01, revealed scoliosis with a 35 degree thoracic curve and a 36 degree left lumbar curve. The current symptoms appear to be related to the expected gradual worsening of idiopathic scoliosis. Without physical findings suggestive of radiculopathy or myelopathy, there is no indication for an MRI of either thoracic or lumbar spine.

This decision by the IRO is deemed to be a TWCC 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** (10) days of your receipt of this decision (20 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 hearing should be sent to: Chief Clerk of Proceedings, Texas Workers' Compensation Commission, P.O. Box 40669, Austin, Texas, 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 (Commission Rule 133.308 (t)(2)).

Sincerely,