

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

July 5, 2002

Re: IRO Case # M2-02-0727-01

Texas Workers' Compensation Commission:

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IRO's, TWCC assigned this case to ___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Neurological Surgery. He or she has signed a certification statement attesting 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 referral to ___ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The ___ reviewer who reviewed this case has determined that, based on the medical records provided, the requested care is not medically necessary. Therefore, ___ agrees with the adverse determination regarding this case. The reviewer's decision and the specific reasons for it, is as follows:

History

This case involves a now 58-year-old female who developed a back pain on ___ when she stood up after bending over a table. The patient was treated with physical therapy and chiropractic treatment, as well as aquatic therapy for two months. At no time was there any records of any neurological deficit. An MRI of the lumbar spine on 2/23/01 showed multiple areas of degenerative disk disease change, but nothing suggestive of nerve root compression secondary to disk herniation or otherwise.

Requested Service(s)

Epidural Steroid Injections, Facet Injection

Decision

I agree with the carrier's decision to deny the requested epidural steroid injections and facet injection.

Rationale

The MRI films were not available for this review, but according to the report, there was no surgical pathology thought present which would be causing nerve root compression, and there was no pathology, such as facet change. Without the potential of nerve root irritation with inflammation or facet change, the proposed procedures are not indicated.

It has been 16 months since the MRI, and there may be changes now that might alter this opinion, but the records do not show that a repeat MRI was done.

This medical necessity decision regarding the requested treatment by an Independent Review Organization 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 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** (ten) days of your receipt of this decision (28 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 a hearing should be sent to:

Chief Clerk of Proceedings, Texas Worker's Compensation Commission, P O Box 40669, Austin, TX 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing this 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,