

NOTICE OF INDEPENDENT REVIEW DECISION

July 26, 2002

RE: MDR Tracking #: M2-02-0805-01
IRO Certificate #: 4326

___ 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 family practice 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 42 year old female sustained a work-related injury on ___ when she hit her head on a wooden bar. The patient underwent a CT brain scan on 11/09/01 that was reported as normal and an EEG performed on 11/15/01 that was also reported to be normal. The patient continued to complain of post-traumatic headaches. An MRI of the cervical spine revealed a slight spinal cord impingement and an MRI of the thoracic spine was reported as normal. The treating physician has recommended that the patient have neuro-psychological testing.

Requested Service(s)

10 hours of neuro-psychological testing.

Decision

It is determined that 10 hours of neuro-psychological testing is not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The patient has undergone extensive evaluations by psychology, neurology and radiology and has only minimal changes on medical evaluation and EMG studies. There is no justification for any further extensive testing and the neuro-psychological testing is not medically indicated.

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,