

NOTICE OF INDEPENDENT REVIEW DECISION

July 24, 2002

RE: MDR Tracking #: M2-02-0811-01
IRO Certificate #: IRO 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 neurology 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 45-year-old female sustained a work-related injury on ___ when, as she was about to sit down, a chair went out from underneath her and she subsequently landed on the floor and the chair then rolled on top of her and hit her in the head. The patient complained of headaches, and neck and low back pain. The plan of care consisted of conservative and surgical intervention including medications, injections, physical therapy and cervical spinal fusion at C5-6 in December 1999. The patient complains of increased neck and radicular symptoms. An MRI of the cervical spine, done on 05/24/01, revealed evidence of degenerative spondylotic ridge, possible bulging disc at C6-7 and bulging disc at C4-5 and C3-4. The treating physician recommended a repeat electromyogram/nerve conduction velocity (EMG/NCV) of the upper extremities.

Requested Service(s)

Cervical EMG/NCV of both upper extremities

Decision

It has been determined that the repeat cervical EMG/NCV of both upper extremities is not medically necessary.

Rationale/Basis for Decision

The EMG/NCV would identify nerve damage, injury or muscle problems. However, it will not determine if the patient has pain from a radiculopathy or cervical spasm or both. More important is the clinical assessment, i.e. the presence or absence of radicular signs or symptoms or both. The electrodiagnostic study will not answer the question related to pain etiology, therefore, the repeat cervical EMG/NCV of both upper extremities is not medically necessary.

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,

cc:

Rosalinda Lopez, Program Administrator, Medical Review Division, TWCC

In accordance with Commission Rule 102.4 (h), 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 24 th day of July 2002.
