

NOTICE OF INDEPENDENT REVIEW DECISION

July 16, 2002

RE: MDR Tracking #: M2-02-0870-01
IRO Certificate #: 7326

____ 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 neurosurgery 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 43-year-old male sustained an on-the-job injury to his neck and low back on ____ when he was thrown from a scraper and has a diagnosis of radiculopathy. The plan of care included surgical treatment to the lumbar spine and conservative treatment of the cervical spine. The patient continued to complain of increasing neck pain, pain in the trapezius and bilateral arm weakness. The plan of care included a treatment recommendation for electromyogram (EMG), nerve conduction velocity (NCV), dermatomal somatosensory evoked potential (DSEP), somatosensory evoked potential (SSEP), cervical and lumbar computerized tomography (CT) scans.

Requested Service(s)

EMG, NCV, DSEP, SSEP, Lumbar CT and Cervical CT Scan

Decision

It has been determined that the EMG, NCV, Lumbar CT scan and Cervical CT scan are medically necessary.

It has been determined that the DSEP and the SSEP are not medically necessary.

Rationale/Basis for Decision

The documentation submitted for review substantiates that the EMG, NCV, lumbar and cervical CT scans are appropriate and medically indicated for the evaluation of radiculopathy. However, the DSEP and SSEP, used to evaluate spinal cord function, are not indicated for the evaluation of radiculopathy. Therefore, the EMG, NCV, lumbar and cervical CT scans are medically indicated, while the DSEP and SSEP are 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,