

## NOTICE OF INDEPENDENT REVIEW DECISION

August 20, 2002

RE: MDR Tracking #: M2-02-0871-01  
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 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 45 year old female sustained a work related injury on \_\_\_ when she was moving some filing cabinets and experienced back and neck pain. The patient underwent a CT scan of the neck on 11/14/99, an EMG on 01/23/01 and a CT of the lumbar spine on 02/09/01. The patient continues to complain of pain and the treating physician has recommended that the patient undergo a cervical and lumbar myelogram with CT.

### Requested Service(s)

Cervical and lumbar myelogram with CT.

### Decision

It is determined that the cervical and lumbar myelogram with CT is medically necessary to treat this patient's condition.

### Rationale/Basis for Decision

The patient's history and physical examination as well as neurophysiologic testing suggest cervical and lumbar radiculopathy. CT scanning has suggested that the patient has facet arthropathy. Conservative care has failed to lead the patient to lasting improvement of her symptoms. Cervical and lumbar myelograms followed by post-myelogram CT scan are reasonable diagnostic tests in the clinical setting. Therefore, the cervical and lumbar myelogram with CT is 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,