

NOTICE OF INDEPENDENT REVIEW DECISION

December 5, 2002

RE: MDR Tracking #: M2-02-1145-01
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 43 year old female sustained a work-related injury on ___ when she was walking to the copier and tripped on the floor covering causing her to twist her body. The patient felt pain in her left hip and left ankle. The patient was evaluated, x-rays were obtained, and pain medications were prescribed. An MRI performed on 08/29/00 revealed a large disc protrusion at L4-5 and some congenital narrowing of the canal producing relative stenosis. A CT scan performed on 11/17/00 revealed a 2 to 3mm protrusion at L5/S1. An L4-5 micro-discectomy was performed on 01/17/02. The patient is being treated for chronic lumbar radiculopathy and the treating physician has recommended a lumbar myelogram with CT scan be obtained.

Requested Service(s)

Lumbar myelogram with CT scan.

Decision

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

Rationale/Basis for Decision

This patient underwent a micro-discectomy approximately 11 months ago and manifests recurrent radiculopathy that has not responded to non-steroidal anti-inflammatory medications, physical therapy or steroids. A CT scan suggests a recurrent herniated nucleus pulposus at L4-5 as well as adjacent disc abnormalities. A lumbar myelogram/CT scan is an essential test for evaluation in this clinical setting. Therefore, the lumbar myelogram with CT scan 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,