

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

October 7, 2002

Re: IRO Case # M2-02-1186-01

Texas Worker's Compensation Commission:

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IRO's, TWCC assigned this case to ___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Neurological Surgery. He or she has signed a certification statement attesting 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 referral to ___ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the ___ reviewer who reviewed this case, based on the medical records provided, is as follows:

History

This case involves a 59-year-old male who in ___ was picking up and moving pieces of equipment and developed right low back pain, which soon radiated into his right lower extremity with tingling and numbness. Physical therapy and epidural steroid injections on three occasions were only transiently beneficial, and the patient apparently continues to have discomfort. While his neurologic exam is intact he had a positive electromyographic evaluation suggesting right L-5 nerve root compression, which corresponds to his symptoms. MRIs on 1/24/01 and 2/16/02 show what is described as right-sided L4-5 disk herniation, which certainly could cause L5 nerve root compression.. A CT myelogram that could have been very helpful was requested, but was denied.

Requested Service

Lumbar decompression laminectomy (with disk rupture removal)

Decision

I disagree with the carrier's decision to deny the requested treatment.

Rationale

The patient has had prolonged difficulty with significant evidence of nerve root compression on electrodiagnostic testing and MRI evaluation. A lumbar decompression laminectomy with hopefully disk rupture removal is indicated.

A CT myelographic evaluation may have made surgery easier, as it would have helped determine the exact level of the surgical approach.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission 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** (ten) days of your receipt of this decision (28 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 a hearing should be sent to:
Chief Clerk of Proceedings, Texas Worker's Compensation Commission, P O Box 40669,
Austin, TX 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing this 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,