

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

January 2, 2003

Re: IRO Case # M2-02-1190

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 IROs, 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

The patient is a 35-year-old female who was lifting tables and chairs for about four hours in ___ and felt pain in the low back. This pain was joined by neck pain and upper and lower extremity pain several weeks later. Head, neck, low back, upper and lower extremity complaints have continued. The patient received chiropractic treatments for about two years and epidural steroid injections. There have been no recorded neurological deficits, and both upper and lower extremity electromyography have been normal.

Requested Service

Anterior cervical discectomy fusion C4-5, C5-6 /cardiac stress test

Decision

I agree with the carrier's decision to deny the requested procedure.

Rationale

As of 10/18/02 the patient continues to have neck and low back problems with both upper and lower extremity discomfort. Two second surgical opinions disagreed with the proposed operative procedure. There are no neurologic deficits, and the MRI shows essentially midline difficulties with no evidence of nerve root compression that would account for the patient's upper extremity pain. "Symptom magnification" has been reported. Surgery in these circumstances is more frequently unsuccessful

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,