

NOTICE OF INDEPENDENT REVIEW DECISION

April 14, 2003

RE: MDR Tracking #: M2-03-0004-01
IRO Certificate #: IRO4326

The ___ 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 orthopedic surgery 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 patient sustained a work-related injury on ___ when he fell and began experiencing right-sided low back pain. An MRI performed on 09/01/00 revealed L2-3, L3-4, L4-5, and L5-S1 degenerative desiccation and minimal bulging of the L4-5 and L5-S1 discs. An EMG of the lower extremities was normal. A whole body scan performed on 01/22/02 revealed degenerative changes and findings suggestive of osteophyte at L4-5. The patient continues to complain of the low back pain and the treating physician has recommended a repeat lumbar MRI.

Requested Service(s)

Lumbar MRI

Decision

It is determined that the lumbar MRI is medically necessary to treat this patient's condition.

Rationale/Basis for Decision

Although the patient has undergone two MRI studies and a lumbar myelogram/CT study, all of which failed to diagnose the basis of his symptoms, he has continued to have progressive worsening of back and lower extremity symptoms. Medical record documentation suggests that the patient is experiencing radiculopathy.

Patient notes state that the patient had pain into the posterior aspect of the right lower extremity and into the planter aspect of the foot with numbness and tingling into the planter aspect of the left foot. It is noted that the last of the special studies was performed in September of 2000 and with the patient's symptoms worsening, it is reasonable to try and find a reason for the patient's symptoms that would lead to a diagnosis and establish an appropriate treatment plan. Therefore, it is determined that the lumbar MRI 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,

In accordance with Commission Rule 102.4 (h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 14 th day of April 2003.
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