

**IRO Certificate #4599**

**NOTICE OF INDEPENDENT REVIEW DECISION**

November 26, 2002

**Re: IRO Case # M2-03-0079**

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 now 47-year-old female who on \_\_\_ fell into a hole and twisted her back. She developed back pain in the lower portions of the back and this has persisted along with some intermittent pain in the lower extremities. There is no particular pattern to that pain. There has been no change in the last several months. The patient never had any neurological deficit. An EMG on 2/25/02 showed no abnormalities. An MRI on 6/20/01 showed only minimal degenerative disk disease changes at L5-S1, without anything to suggest surgical pathology.

Requested Service

Repeat MRI of the Lumbar Spine

Decision

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

Rationale

There is no evidence on examination or EMG of any change that has occurred since the 6/20/01 study. The patient's symptoms are unchanged and it is highly unlikely there would be any change on a repeat MRI that would lead to therapeutic conclusions. An alternate choice might be CT myelography of the lumbar spine with flexion and extension views. That would more likely be beneficial in reaching possible conclusions regarding a 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,