

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

November 25, 2002

Re: IRO Case # M2-03-0081

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 79-year-old male who was injured in ___ when tables and a door came down on him, causing him to fall. He sustained a laceration of the left 5th finger along with a nose fracture and a rib fracture. Soon after, he developed pain to the left side of his neck. He was initially treated with muscle relaxants and heat, but the pain persisted, and was soon joined by low back pain. Both the neck and back pain have persisted for several years. The patient has had arm and buttock pain and right leg pain, but there never has been any neurologic deficit associated with the discomfort. In recent reports the extremity discomforts are not mentioned. The patient continues to have left knee pain secondary to arthritic changes in the knee, although an arthrogram failed to reveal any pathology. A lumbar MRI in June, 2001 showed significant bulging at the L4-5 and L5-S1 levels, but no significant nerve pressure.

Requested Service

CT myelogram of cervical spine and lumbar spine

Decision

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

Rationale

There is nothing in the reports presented for this review that would indicate what would be therapeutically recommended depending on the results of those tests. A report of the physician recommending the evaluation does not give an indication as to what therapeutic measures would be pursued except for epidural steroid injections, and the patient has received those injections. The physician does indicate that if those injections are unsuccessful then a more definitive "plan of care options" would be considered. The options are never explained. In addition, the patient is 79 years old and has major cardiac difficulties. From the examination reports presented for review, it does not appear that this patient is a candidate for major lumbar or cervical surgery.

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,
