

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

October 11, 2002

Re: IRO Case # M2-03-0095

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 now 39-year old female who in ___ was lifting and developed back pain. This led to a 1999 lumbar laminectomy and fusion at the L4-5 level. The back and right lower extremity pain continued and was diagnosed as probably secondary to psedoarthrosis. An MRI 4/26/01 showed a probable L5-S1 disk problem on the right side below the level of fusion. The patient had repeat surgery, including decompression from L4- through S1, with special attention to the right side at those levels.

Requested Service

Lumber MRI

Decision

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

Rationale

A more logical test to determine whether any more surgery is indicated would be a CT myelogram, as well as flexion and extension views. One report indicated that the patient does not want any more surgery, and under those circumstances, neither the MRI nor the CT myelogram would be indicated. Continued pain management would be the only logical treatment.

It is noted in the documentation that management of post procedural discitis was included. There was nothing in any of the various reports reviewed that suggested that as a problem, but indeed if there is evidence of possible infection, then MRI would be more of a consideration.

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,