

NOTICE OF INDEPENDENT REVIEW DECISION

December 23, 2002

RE: MDR Tracking #: M2-03-0110-01
IRO Certificate #: IRO 4326

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 neurosurgery 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 40 year old male sustained a work-related injury on ___ when he slipped on a wet floor and injured his lower back. The patient underwent a right-sided laminectomy and discectomy at L4-5 in May of 1997. In August of 1999, he underwent cage placement to the lumbar spine. An EMG performed on 07/02/02 revealed evidence of L5 and or S1 radiculopathy on the right. A CT of the lumbar spine performed on 03/21/02 revealed epidural fibrosis. The treating physician suspects a pseudo arthrosis at L4-5 and has recommended a lumbar MRI.

Requested Service(s)

Lumbar MRI

Decision

It is determine that a lumbar MRI is not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

Progressive neurologic deterioration is an indication for intervention, which can only be initiated after an imaging study had determined the pathology. However, in the case of this patient, there is no documentation that describes the deterioration. The patient complains of low back pain and if pseudo arthrosis is suspected based on x-rays and a CT scan, a soft tissue imaging study will not add to the diagnosis, especially one that will be degraded by the placement of the intradiscal spaces. Therefore, an MRI of the lumbar spine is not 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,

cc: Rosalinda Lopez, Program Administrator, Medical Review Division, TWCC

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 23 rd day of December 2002.
