

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

December 6, 2002

Re: IRO Case # M2-03-0136

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 Physical Medicine and Rehabilitation. 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 51-year-old male who was injured ___ in a motor vehicle accident. The patient was not wearing a seat belt and was thrown forward and hit his head on the steering wheel when his vehicle was hit from the rear. His initial diagnosis was lumbar sprain/strain, cervical sprain/strain, chest wall contusion, abdominal wall contusion. He was treated with physical modalities and chiropractic treatment. X-ray of the cervical spine was negative, x-ray of the lumbar spine was negative for acute changes, EMG/NCS was negative. An MRI of the cervical spine 7/25/02 showed a 1-2mm posterior central disc protrusion at C4-5 ridging the thecal sac, but not compressing the cord or lateralizing either side of the canal. An MRI of the lumbar spine on 7/25/02 was significant for dehydration at the L1-2 disk and disk protrusion in the far left lateral segment of the disk,

suggesting a fissure. The patient has remained off work since the injury. An FCE shows the patient to function at a sedentary to light physical demand level. The patient has been treated in a work conditioning program.

Requested Service
Surface EMG

Decision
I disagree with the carrier's decision to deny the requested surface EMG.

Rationale
The surface EMG is a diagnostic tool that has been in use since the early 1980s. It has been shown multiple times in the literature that it is able to differentiate chronic low back pain versus normal controls. It has the ability to assess recovery and even malingering. The treating doctor has provided evidence of its accepted use in both the medical and chiropractic fields. This patient continues to have low back pain due to a lumbar injury. This tool should be useful in treating his pain.

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,