

**IRO Certificate #4599**

**NOTICE OF INDEPENDENT REVIEW DECISION**

October 11, 2002

**Re: IRO Case # M2-03-0145-01**

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, Rule 133.308 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 60-year old female who in \_\_\_ reported lower back pain in association with repetitive entry and exit from a truck. There is also some question of an injury in \_\_\_. She received injections and manipulations without benefit. An MRI of the lumbar spine 8/1/00 showed questionable difficulty at L4-5, greater on the right than on the left, and there was a question of difficulty on the left side at L2-3. It is significant that the back pain is consistently associated with left lower extremity discomfort. A 6/5/02 lumbar myelogram was not helpful regarding a source of symptoms, with findings being primarily on the right side, with some questionable problems in other areas. The patient apparently received symptomatic treatment only. Her back and left lower extremity discomfort persists.

Requested Service

Lumber MRI

Decision

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

Rationale

Although electrodiagnostic testing may be helpful also, a repeat MRI may show correctable pathology on the left side which did not show on the MRI two years ago. On several occasions I have seen changes after two years that correspond more to a patient's symptoms. This may be especially true with someone whose obesity may well have interfered with the scanning process on one occasion, but might interfere less so on another occasion.

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,