

NOTICE OF INDEPENDENT REVIEW DECISION

November 12, 2002

RE: MDR Tracking #: M2-03-0146-01
IRO Certificate #: 4326

___ 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 matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in chiropractic care. ___ health care professional 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 47 year old male sustained a work related injury on ___ when he tripped and fell into a hole. The patient injured his right shoulder, left elbow, left hand, and lumbosacral spine. Chiropractic care was initiated on or about 01/10/02 to address the multiple injuries. An x-ray examination indicated a fracture of a styloid process. A lumbar MRI was performed on 01/26/02 that revealed mild to moderate canal stenosis at L3/L4 and L2/L3 due to disc bulging and/or protrusion in concert with degenerative changes. Carpal tunnel release has been performed. A course of chiropractic and other conservative measures have been administered including aquatic therapy and/or therapeutic exercises.

Electrodiagnostic studies of the upper extremities have been performed, however it is not evident that electrodiagnostic studies of the lower extremities have been procured.

Requested Service(s)

Lumbar myelogram with CT scan

Decision

It is determined that the lumbar myelogram with CT scan is not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The medical record documentation fails to substantiate the medical necessity for the proposed procedure. There are some significant radiographic changes evidenced by the MRI of the lumbar spine. However, it is not evident that these MRI changes are surgical in nature although surgery is being considered. The degree of canal stenosis appears to be mild to moderate as per the MRI report. Additionally, there is no radiographic evidence that significant nerve root involvement is present. Furthermore, the documentation does not suggest that electrodiagnostic studies have been procured for the lower extremities when the documentation establishes that bilateral radicular symptomatology is present in the lower extremities. This electrodiagnostic procedure could possibly provide additional rationale for other diagnostic testing or surgical procedures. Lastly, it is unknown from the medical record documentation what information is to be gained by the administration of the requested procedure. Specifically, it has already been established that disc lesions are present in the lumbar spine and it is also unclear what the additional requested procedure would change in terms of future medical intervention. Therefore, the lumbar myelogram with CT scan is not medically necessary at this time.

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,