

## NOTICE OF INDEPENDENT REVIEW DECISION

November 21, 2002

RE: MDR Tracking #: M2-03-0161-01  
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 \_\_\_ physician reviewer who is board certified in neurology 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 29 year old female sustained a work-related injury on \_\_\_ when she experienced pain in her neck and upper back after lifting heavy grocery sacks. An MRI performed on 05/18/01 revealed a small central disc bulge at C5-6 without compromise of the spinal cord or nerve roots. The notes on 02/03/02 indicate that the patient had a normal EMG of the upper extremities. The patient continues to complain of neck and arm pain and the treating physician has recommended that the patient undergo a repeat cervical MRI and electromyography and nerve conduction velocity (EMG/NCV) studies.

### Requested Service(s)

Repeat cervical MRI and EMG/NCV studies.

### Decision

It is determined that the repeat cervical MRI and EMG/NCV studies are medically necessary to treat this patient's condition.

### Rationale/Basis for Decision

The treating physician has detected continued weakness upon examination, coupled with disc bulging at spinal level C5-6. The studies should now be repeated in order to ascertain whether the bulge is now a rupture or whether there is electrodiagnostic damage. Therefore, it is determined that the repeat cervical MRI and EMG/NCV studies are 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,