

## NOTICE OF INDEPENDENT REVIEW DECISION

**Date:** January 15, 2003

**RE: MDR Tracking #:** M2-03-0403-01  
**IRO Certificate #:** 5242

\_\_\_ 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 Neurologist physician reviewer who is board certified in Neurology. The Neurologist 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**

The claimant, now 48 years old was apparently injured on \_\_\_ when a child ran into her and hit her in the back. She claimed immediate back and neck pain. She had a history of ongoing neck and back pain and was being treated for such by the doctor. Her initial examination showed no weakness of the arms or loss of reflexes. An MRI of the cervical spine done on 7/13/99 showed disc protrusions at C4-5, C5-6, and C6-7 with no posterior protrusion, central canal stenosis or marked foraminal narrowing. The doctor recommended physical therapy and a psychiatric consultation. On 5/24/99 an independent medical examination was performed by the doctor. His examination showed only slight decreased range of motion of the neck, muscle strength and reflexes on the arms was normal. He gave maximum medical improvement as of 5/17/99 and gave 0% impairment rating. Since then she has received treatment with various medications and more physical therapy. The last physical examination is dated 10/23/02 and is by the doctor. The subject was complaining of neck pain at a 10/10 level. The exam showed decreased pin prick in a glove distribution of the upper extremities but normal strength and reflexes. These findings were essentially unchanged from the first examination of 1999. He requested another MRI of the cervical spine.

### **Requested Service(s)**

Cervical MRI

## **Decision**

Another MRI of the cervical spine is not medically necessary.

## **Rationale/Basis for Decision**

The medical histories and examinations of the numerous examiners since the injury have never shown any findings that would indicate any significant change in the subject's cervical spine or upper extremities. There were no findings to indicate any cervical nerve root injuries. The injury, a child running into her back was compatible with the disc degenerative changes were found on the initial MRI of the cervical spine dated 7/13/99. The documentation decreased sensation, which apparently triggered the request for the repeat MRI, was in a glove, non-physiologic, distribution. Motor exam and reflexes were normal. There were no objective findings of progressive neurological dysfunction or anything else to support the medical necessity of repeating the cervical MRI.

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** (ten) days of your receipt of this decision (20 Tex. Admin. Code 142.5(c)).

**If disputing other prospective medical necessity (pre-authorization) 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,