

**THIS DECISION HAS BEEN APPEALED. THE
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:**

SOAH DOCKET NO. 453-03-2175.M2

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

January 13, 2003

Re: IRO Case # M2-03-0461-01

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 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 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

The patient is a 42-year-old female who on ___ was lifting boxes that fell and hit her in the head. She developed neck and left shoulder pain that soon radiated into both upper extremities, greater on the left side. She also described on one occasion a burning sensation

in the left arm. In subsequent months she developed some discomfort in the right arm, but not as great as the left. Chiropractic treatment did not help the patient. On 1/28/02, 2/5/02 and 2/15/02 the patient was given cervical and dorsal facet injections with an occipital nerve block. Diagnostic testing included an 11/7/01 EMG which was normal and showed no evidence of nerve difficulties, and an MRI 11/7/01 which showed some reversal of the cervical curvature, degenerative disk disease at multiple levels, and a very questionably significant one mm midline disk protrusion at C3-4. Various examinations have failed to reveal neurologic deficits, with the exception of a diminished reflex on the left side at the biceps level on 3/8/02.

Requested Service

CT myelogram and EMG with NCS

Decision

I agree with the carrier's decision to deny the requested evaluation

Rationale

There is no set of symptoms and/or findings that would correspond to a finding on a CT myelogram. Therefore a surgical procedure based on the results of a CT myelogram probably would not be helpful.

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,