

March 11, 2003

Re: Medical Dispute Resolution
MDR #: M2-03-0467-01
IRO Certificate No.: 5055

Dear

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to ___ for an independent review. ___ has performed an independent review of the medical records to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is Board Certified in Orthopedic Surgery.

Clinical History:

This 46-year-old female claimant complains of low back pain following a lifting incident on her job on ____. She was initially examined by her treating physician, had laboratory and multiple imaging studies (including MRI and post-myelogram CT), and a neurology consultation, with findings consistent with minimal intervertebral disc bulge at L4-L5, without herniation of disc extrusion that would require surgery.

The patient was treated with rest and medication, epidural steroid injections, physical therapy, and TENS unit, all without significant, lasting change in her symptoms. However, there was no progression of symptoms, and no progressive neurological deficit clinically or by laboratory and imaging studies.

She has an unrelated history of right flank pain treated by a Urologist, with a diagnosis of urinary tract stones, treated by lithotripsy and urethral stent. The right flank pain improved with this treatment, but her lower back pain was not improved. She also has a history of ruptured ovarian cyst and removal of the right ovary, hysterectomy, and removal of the left ovary.

Disputed Services:

Orthotrac pneumatic vest.

Decision:

The reviewer agrees with the determination of the insurance carrier. The reviewer is of the opinion that the Orthotrac pneumatic vest is not medically necessary in this case.

Rationale for Decision:

A back brace may be necessary for spine fracture, deformation, or temporary support following fusion; however, the records provided presented no evidence to support the need for bracing this patient. There is nothing to support a predictably favorable outcome from prescribing a brace here. The therapeutic goal is to avoid a brace.

I am the Secretary and General counsel of ___ and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this care for determination prior to referral to the Independent Review Organization.

We are simultaneously forwarding copies of this report to the payor and the Texas Workers' Compensation Commission. This decision by 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 this 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 ten (10) days** of your receipt of this decision (28 Tex. Admin. Code 142.5©).

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 twenty (20) days** of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you **five (5) 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 Workers' Compensation Commission
P.O. Box 40669
Austin, TX 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.

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO March 4th, 2003.

Sincerely,