

January 13, 2003

David Martinez
TWCC Medical Dispute Resolution
4000 IH 35 South, MS 48
Austin, TX 78704

MDR Tracking #: M2-03-0476-01
IRO #: 5251

___ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this 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 care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Medical Doctor who is both specialized and board certified in Radiology. The ___ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors 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 the dispute.

CLINICAL HISTORY

___ is a 50-year-old female who suffered a work-related neck injury on ___. She was treated with multiple therapies including repeated surgery, dorsal column stimulators and various pain medication regimens. The patient continues to have pain. The original request for a cervical myelogram with CT scan was dated 10/17/02 and denied on 10/22/02. The appeal of the denial was dated 11/7/02 and denied on 11/15/02.

DISPUTED SERVICES

A cervical myelogram with CT scan is requested for ___. The original request for this procedure was dated 10/17/02 and denied on 10/22/02. The appeal of the denial was dated 11/7/02 and denied on 11/15/02.

DECISION

The reviewer agrees with the prior adverse determination.

BASIS FOR THE DECISION

The medical record is vague with regards to documentation of the need for additional testing. ___ note from his exam of 12/5/02 describes, "...good strength in the muscle groups of the upper and lower extremities." Without objective signs of a deficit or documented clinical deterioration, additional evaluation cannot be justified.

___ has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. ___ has made no determinations regarding benefits available under the injured employee's policy

As an officer of ___, I certify that there is no known conflict between the reviewer, ___ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

___ is forwarding this finding by US Postal Service to the TWCC.

Sincerely,