

January 23, 2003

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M2-03-0483-01

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). ___ IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to ___ for independent review in accordance with this Rule.

___ has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing physician on ___ external review panel. This physician is board certified in neurology. ___ physician reviewer signed a statement certifying that no known conflicts of interest exist between this physician and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to ___ for independent review. In addition, ___ physician reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a 54 year-old male who sustained a work related injury on ___. The patient reports that he was struck at a right angle by a forklift. The patient reported that he felt immediate neck pain, left shoulder pain and pain down the left arm. The patient has had X-Rays, MRI, and C4-5, C5-6, C6-7 anterior cervical discectomy and fusion. The patient's diagnoses include C3-C6 cervical spondylosis, C6-7 disc herniation, cervicalgia, cervical radiculopathy.

Requested Services

Repeat Lumbar MRI.

Decision

The Carrier's denial of authorization for the requested services is overturned.

Rationale/Basis for Decision

___ physician reviewer indicated that this patient has a history of lumbar surgery in 1994 and 1995. ___ physician reviewer noted that the patient sustained a back injury on ___. ___ physician reviewer also noted that the patient had an increase in back and left lower extremity symptoms after the injury on ___. ___ physician reviewer further noted that although the back pathology predated the ___ injury, symptoms intensified after the injury on ___. ___ physician reviewer explained that the patient had failed conservative treatment. ___ physician reviewer also explained that the patient had an MRI 5/01. However, ___ physician reviewer further explained that the patient is considering another back surgery, and that updated imaging is

appropriate. Therefore, ___ physician consultant has concluded that the repeat lumbar MRI is medically necessary to treat this patient's condition.

This decision 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 (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 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. (Commission Rule 133.308(t)(2)).

Sincerely,