

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

SOAH DOCKET NO. 453-03-2756.M2

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

March 11, 2003

Re: IRO Case # M2-03-0608-01

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, Rule133.308 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

___ patient is a 50-year-old female who on ___ fell on her right arm when a chair slipped from under her. She developed pain in her right arm and right shoulder, and soon thereafter in her neck and low back. Right shoulder x-rays were normal. Because the patient's pain persisted, an MRI of the cervical spine was obtained on 5/6/98, and it showed degenerative disk disease changes in multiple areas with a question of right sided C5-6 disk rupture, and

some question of changes at the C7-T1 level on the right side. These changes were thought to be minor. An EMG 5/19/98 suggested right C6 radiculopathy. The patient was treated with an epidural steroid injection in the C6 region, but the pain persisted. A 2/14/00 CT myelogram of the cervical spine suggested a right C5-6 disk rupture with a question of ventral cord compression, but no nerve impingement. The patient's physical exam has continued to reveal no neurological deficit. The patient was seen by a physician on 7/1/02, and was found to have what the physician thought represented a frozen shoulder along with discomfort compatible with right cervical radiculopathy.

Requested Service

Repeat MRI of the cervical spine and right shoulder

Decision

I disagree with the carrier's decision to deny the requested MRI evaluation.

Rationale

The patient has had findings in the past suggesting the possibility of cervical spine pathology as the source of her difficulty, with even a disk rupture being questionably present at the C5-6 level on the right side. Those evaluations were three to four years ago, and changes may have occurred that would demonstrate something correctable at this point. In addition, the patient now has developed what is described as a frozen shoulder, and MRI evaluation of the shoulder may be beneficial in coming to conclusions regarding the primary shoulder pathology. It is not infrequent that findings of correctable pathology are found without neurologic deficit on clinical examination.

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,

In accordance with Commission Rule 102.4 (b), I hereby certify that a copy of this Independent Review Organization (IRO) decision was sent to the carrier and the requestor or claimant via facsimile or US Postal Service from the office of the IRO on this 12th day of March 2003.