

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

May 10, 2003

Re: IRO Case # M2-03-0773

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

The patient is a 38-year-old female who on ___ was pushing car seats onto a conveyor belt when one of the car seats got stuck and she had to lift it. She immediately developed pain in her back, and it soon extended into her right lower extremity and into both hips. Physical therapy was of benefit and the patient returned to work. The patient's job duties caused increased discomfort in her low back, and the pain extended into her left lower extremity, and to some extent into her right lower extremity, especially at the hip. She was treated with epidural steroid injections without benefit. Her examination as of January 2003 showed straight leg raising to be positive on the left side at 35 degrees, and on the right side at 45 degrees. Also she had left dorsiflexion weakness, and both Achilles reflexes are

absent. The patient was noted to be obese, and weight loss was recommended. The record does not indicate whether the patient lost weight. It was noted that she is voiding more frequently and has some incontinence.

Requested Service

Lumbar CT scan with reconstruction, EMG/NCS of lower extremities

Decision

I agree with the carrier's decision to deny the requested treatment.

Rationale

Some imaging study is necessary, but there is no indication in the records provided for this review that there is a problem with MRI evaluation. It is noted in the records provided that an MRI was obtained soon after the patient was first injured. It is possible that the test was inadequate because of the patient's obesity, or that possibly that she was claustrophobic. If that is the case, then CT scanning would be indicated, but progressing directly to CT myelographic evaluation would be more logical than CT scanning alone. Electrodiagnostic testing is not necessary at this time, but it may become necessary if on MRI or CT scanning there are changes at levels that were not suspected clinically. Then an EMG may give better evaluation in areas that are subclinical in degree.

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 13th day of May 2003.