

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

May 10, 2003

Re: IRO Case # M2-03-0791

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 43-year-old female who on ___ was lifting a case of beer and developed back pain, as well as discomfort in both hands and wrists. She had not had any previous such injury. She was treated with physical therapy and medications without benefit. An MRI of the lumbar spine on 8/7/00 showed L5-S1 changes of spondylosis, with other areas essentially normal. Electrodiagnostic testing on 7/12/00 suggested bilateral carpal tunnel syndrome. Similar tests of the lower extremities on 9/21/00 showed no abnormality. The patient's neuro examination on 7/3/02 is reported as normal, and straight leg raising was negative. The range of motion component, however, did strongly suggest facet syndrome.

It was noted in some reports that a CT myelogram was done, but there was no record of such an exam in the medical records provided for this review.

Requested Service

Lumbar facet injection L3-4, L4-5, L5-S1; CT scan with reconstruction

Decision

I agree with the carrier's decision to deny the requested facet injection at L3-4, and the CT scan.

I disagree with the decision to deny the facet injections at L4-5 and L5-S1.

Rationale

Some records suggest the possibility that the patient has had a CT scan before without apparent diagnostic benefit. But even if the patient did not have this procedure, there is nothing on examination or other studies to suggest that it would be beneficial in reaching therapeutic conclusions.

There is evidence that the lower two segments (L4-5 and L5-S1) may be pathologically involved enough in the patient's difficulty, so that facet injections could be beneficial. There is nothing in the medical records provided to show any reason for a three—level procedure.

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.