

April 14, 2003

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

MDR Tracking #: M2-03-0797-01
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 proposed care 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 with a specialty and board certification 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 35-year-old woman with a history of being "head-butted" by a difficult student on ___. She has had headaches, neck pain/stiffness and upper extremity radiculopathy ever since. Multiple progress notes were reviewed. Past diagnostic studies include:

- Head MRI, 10/26/01
- Cervical MRI, 11/5/02
- EEG on 11/7/01 and 5/14/02
- Automated spike analysis on 12/4/01 and 5/22/02
- EMG, 3/1/02

Although both MRI examinations were normal, the first EEG and automated spike analysis exams were abnormal. However, more recently they were repeated and were normal (May, 2002). Physical examinations still reveal no distinct abnormalities. In particular, the neurological exam remains normal. The treating doctor has requested a repeat MRI of the brain to evaluate for normal pressure hydrocephalus (NPH).

REQUESTED SERVICE

A repeat MRI of the brain is requested for this patient.

DECISION

The reviewer agrees with the prior adverse determination.

BASIS FOR THE DECISION

It is illogical to expect an injury complication to manifest at this late date when a previous head MRI on one month after the injury was negative, and there have been no changes in a still-normal physical exam.

NPH can occur without apparent cause in patients with ataxia, incontinence or dementia. This is not the clinical picture in this patient. NPH can also be secondary to many diseases, including infection or meningitis, subarachnoid or subdural hemorrhage or various tumors. However, all of these can be eliminated by either the history or the previous normal head MRI exam. There is no reason to think this patient might have NPH.

___ 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 by mail and, in the case of time sensitive matters by facsimile, a copy of this finding to the treating doctor, payor and/or URA, patient and the TWCC.

Sincerely,

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.

In the case of prospective ***spinal surgery*** decision, a request for a hearing must be made in writing and it must be received by the TWCC Chief Clerk of Proceedings within 10 days of your receipt of this decision. (20 Tex. Admin. Code 142.5(c)).

In the case of other ***prospective (preauthorization) medical necessity*** disputes 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, per TWCC rule 133.308(t)(2).

I hereby certify, in accordance with TWCC Rule 102.4 (h), that a copy of this Independent Review Organization decision was sent to the carrier, requestor, claimant (and/or the claimant's representative) and the TWCC via facsimile, U.S. Postal Service or both on this 14th day of April 2003.