

**IRO Certificate #4599**

**NOTICE OF INDEPENDENT REVIEW DECISION**

July 15, 2003

**Re: IRO Case # M2-03-1202-01**

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

The patient is a 30-year-old female who was injured on \_\_\_ and developed back and neck pain. The details of the injury were not provided for this review. The back pain has been significantly relieved, but the neck pain persists and extends into the patient's left upper extremity, where she also has numbness. On examination there are strong C-6 nerve root findings suggesting pressure on the nerve, and the MRIs on 1/6/01 and 12/8/02 show disk herniation with nerve root compression at the C5-6 level on the left side, which correspond to the examination. These MRIs also suggest early spinal cord compression on that same disk, and chronic changes associated with degenerative disk disease.

Lumbar laminectomy in the past has had a good result. Surgery has been suggested not only because of the patient's pain and numbness, but also because of the possibility of a minor injury causing significant spinal cord difficulty with major disability secondary to paralysis, because of the closeness of the pathology to the spinal cord.

Requested Service(s)

Purchase of RS4i sequential stimulator 4 channel

Decision

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

Rationale

A stimulator will not treat the basic pathology causing the patient's difficulty and which has the potential of causing even more difficulty, such as spinal cord compression. A stimulator will not diminish the possibility of spinal cord injury in even a relatively minor accident. In addition, in the face of the pathology described, and the MRIs corresponding to her examination, a stimulator probably will not be effective in dealing with the patient's pain. It may give some transitory relief that might influence the patient into thinking that there is improvement in a circumstance that has the potential of causing significant disability secondary to paralysis if not dealt with surgically.

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 16<sup>th</sup> day of July 2003.