

NOTICE OF INDEPENDENT REVIEW DECISION

Date: June 23, 2003

RE: MDR Tracking #: M2-03-1214-01
IRO Certificate #: 5242

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced 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, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a Neurologist physician reviewer who is board certified in Neurology. The Neurologist physician reviewer has signed a certification statement stating 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 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 this case.

Clinical History

The claimant was a 38 year old man who, on ___, fell off the back of a pick up truck bed striking his head and apparently having a seizure at that time. He was admitted for 2 days observation at the ___. His admitting examination showed no abnormalities of his mental function or memory. A CT scan of his head was normal. His final diagnosis was generalized seizure, probably secondary to post traumatic etiology from concussion associated with fall from a truck. Upon discharge on ___ the claimant stated that he was "feeling fine", having no headaches.

He was subsequently seen in consultation by ___, whose examination revealed a normal mental status exam. The date of the next records is 3/13/03 by ___ noting some complaints of short term memory problems.

Requested Service(s)

The medical necessity of neuropsychological evaluation

Decision

I agree with the insurance carrier that formal neuro-psychometric testing is not medically necessary.

Rationale/Basis for Decision

This individual had no complaints of memory difficulty within a few days of his fall and none was documented on the subsequent examination by Dr. _____ of 10/13/02. In fact, the first documentation of any memory difficulty was 3/13/03. In my opinion this memory trouble or complaint, if indeed present, was not related to the accident.

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 (20 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 hearing should be sent to: Chief Clerk of Proceedings, Texas Workers' Compensation Commission, P.O. Box 40669, Austin, Texas, 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing the 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)).

This decision by the IRO is deemed to be a TWCC decision and order.