

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

September 10, 2003

Re: IRO Case # M2-03-1238

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, Rule 133.308 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 and who had been admitted to the TWCC Approved Doctor List or who has been approved for an exception to the ADL. 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 29-year-old female who was injured when she was pulling a patient on a mattress and developed pain in her upper back. This soon primarily became neck and shoulder pain. The shoulder was attributed to a rotator cuff problem, as evidenced on imaging studies, and this eventually cleared. The neck pain had been significant bilaterally, but somewhat worse on the left side. It was noted on examination that palpation on both sides caused discomfort, worse on the left side. A 6/21/02 MRI of the cervical spine was normal, showing no evidence of facet or disk problems.

Requested Service(s)

Cervical facet injections C3-4, 4-5, 5-6, 6-7 on the left side

Decision

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

Rationale

The records presented for this review provide no objective evidence that the difficulty causing the patient's discomfort is in the facet joints. There is some discomfort bilaterally on palpation in these areas, but to pursue multi-level facet injections on one side in the hope of hitting the source of discomfort is not indicated. There is a lack of objective evidence that any one area is the cause of the discomfort, and certainly not that many areas are all pathologically involved.

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 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) calendar 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) calendar days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings / Appeals Clerk
P.O. Box 17787
Austin, Texas 78744
Fax: 512-804-4011

The party appealing this decision shall deliver a copy of its written request for a hearing to other party involved in this dispute.

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 12th day of September 2003.