

**IRO Certificate #4599**

**NOTICE OF INDEPENDENT REVIEW DECISION**

October 7, 2003

**Re: IRO Case # M2-03-1258**

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 has met the requirements for the TWCC Approved Doctor List or who has been granted an exception from 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 39-year-old male who was hit in the right side of the neck and shoulder by a heavy hose in \_\_\_. The patient was briefly knocked out, but was conscious when he arrived at the ER, where he was treated and released. The patient subsequently has had pain in his neck and low back, with the low back pain becoming more prominent than the other discomfort in the past several months. Conservative management with therapy and medications has been unsuccessful in dealing with the patient's trouble. The patient injured his low back in \_\_\_. That injury was severe enough for an MRI of the lumbar spine to be performed, before the \_\_\_ injury. A 7/3/01 EMG of the upper extremities was thought to be normal, and a 10/5/02 MRI of the lumbar spine showed bulging at the L5-S1 level, with degenerative disk disease changes at that level and the level above. A 6/11/02 MRI of the cervical spine showed a "tiny" C5-6 disk protrusion with some degenerative disk disease changes elsewhere, but nothing of surgical significance. Surgery at the L5-S1 level of one type or another has been suggested by several examiners.

Requested Service(s)

EEG and Evoked Potential, Somatosensory Evoked Potential, SEP

Decision

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

Rationale

The patient has had EMG and NCS that have been of only questionable benefit. He has had various tests that suggest the potential of a surgical procedure being required to relieve the trouble at the L5-S1 level. It is not medically probable that the requested studies would be of any benefit in coming to therapeutic conclusions regarding what to do next to relieve this patient's discomfort.

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 7<sup>th</sup> day of October 2003.