

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

August 10, 2003

Re: IRO Case # M2-03-1394

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. 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 47-year-old female who was injured on ___ and _____. Details regarding the first injury and course of treatment were not provided for this review. The patient was jerked and had a misstep, which jarred her back on _____. She developed increased pain in her back. Apparently the ___ injury had caused some difficulty with her back previously. In 2002, physical therapy was of some benefit, but the discomfort persisted and extended into the patient's lower extremities, worse on the left side. Examination failed to reveal reflex or motor change, but straight leg raising was positive on the left. One examiner thought that the ___ injury was significant, but another examiner indicated that the ___ injury was the problem. The reasons for that opinion were not fully explained in the material provided for this review.

Requested Service(s)

MRI of the lumbar spine

Decision

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

Rationale

The patient apparently had difficulty after a ___ injury, and the extent of the work up is not covered in the material supplied to me, but there was some increase in difficulty after the ___ incident, and since then there has not been any evaluation of the patient's lumbar spine with any tests that would be helpful in revealing possible nerve root compression. Positive straight leg raising and continued discomfort into the lower extremities in association with back pain is frequently associated with nerve root compression despite the lack of strong physical evidence.

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 12th day of August 2003.