

MDR Tracking Number: M2-03-1598-01
IRO Certificate# 5259

August 20, 2003

An independent review of the above-referenced case has been completed by a medical physician [board certified] in physical medicine and rehabilitation. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by ____, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

___ hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to ___.

CLINICAL HISTORY

70-year-old female injured ___ wherein she slipped and fell at work. ___ relates her history of three low back surgeries and she "was doing relatively well until ___." Her diagnosis is post lumbar laminectomy syndrome, radiculopathy, and degenerative disc disease. She has undergone multiple pain procedures as detailed in the patient's record and opioid trials. Subjective neurologic deficits are noted in the record, with an absent right ankle deep tendon reflex.

REQUESTED SERVICE (S)

Power wheelchair.

DECISION

Uphold previous denial.

RATIONALE/BASIS FOR DECISION

A wheelchair is not appropriate for lower back focused problems. Examples of diseases where a power wheelchair is appropriate are: high cervical complete spinal cord injury, several multiple sclerosis and other severe end-stage neurodegenerative diseases such as amyotrophic lateral sclerosis, distal myopathies, poly neuropathies, and some plexopathies.

Treatment guidelines and care standards under the auspices of the Physical Medicine and Rehabilitation specialty strongly encourage patient's without severe objective upper extremity weakness to not be prescribed wheelchairs.

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) calendar days of your receipt of this decision (20 Tex. Admin. Code 142.5©)

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 148.3)

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings/Appeals Clerk
Texas Workers' Compensation Commission
P.O. Box 17787
Austin, Texas 78744

Or fax the request to (512) 804-4011. A copy of this decision must be attached to the request.

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

In accordance with Commission Rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 21st day of August 2003.