

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

September 5, 2003

Re: IRO Case # M2-03-1687

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, Rule133.308 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. 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 has had neck pain that extends into his shoulders somewhat, and that persists despite the use of epidural steroid injections in conjunction with physical therapy and medications. An 11/13/01 MRI of the cervical spine suggested multiple levels of degenerative disk disease change, with the C4-5, C5-6, and to a lesser extent the C6-7 levels being involved. Facet injections on 5/21/03 in multiple levels of the cervical spine gave the patient some relief, in conjunction with a left greater occipital nerve block performed at the same time.

Requested Service(s)

Radio frequency lesioning of the cervical facet joint

Decision

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

Rationale

Both the MRI and films of the cervical spine suggest pathology in areas of the spine that could be causing symptoms, and that would not be cared for by the proposed procedure. The procedure might offer some help, but it is very doubtful that it would give enough relief to enable the patient to pursue the therapeutic benefits of a work hardening program, as symptoms would remain secondary to the other problems in the cervical spine. The greater occipital nerve block at the time of the facet injections could have had significant bearing on the patient's interpretation of the blocks, and doing something on a permanent basis about the occipital nerve is not mentioned in the operative proposal.

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 8th day of September 2003.