

**THIS DECISION HAS BEEN APPEALED. THE FOLLOWING IS THE RELATED SOAH DECISION NUMBER:**

**SOAH DOCKET NO. 453-04-1211.M2**

**NOTICE OF INDEPENDENT REVIEW DETERMINATION**

MDR Tracking Number: M2-04-0108-01

October 20, 2003

An independent review of the above-referenced case has been completed by a medical physician board certified in neurology. 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 \_\_\_.

Notice of Independent Review Determination

CLINICAL HISTORY

\_\_\_ was 45-years-old when injured on the job \_\_\_\_. Reportedly, \_\_\_ was climbing down a ladder when a five to ten pound, four foot by 15" metal shelf became dislodged and struck her on the head from a distance of a couple feet or less. She has continued to report mental fuzziness, headache, and right greater than left shoulder and upper extremity region pains. She has had repeated MRI scanning, CY myelography, nerve conduction studies and SSEPs.

REQUESTED SERVICE(S)

EMG of the upper extremities.

DECISION

Approved.

RATIONALE/BASIS FOR DECISION

Although \_\_\_ has had nerve conduction studies and somatosensory of evoked potentials (SSEP') in 1998 and 1999, there is no indication that she has had needle electrode studies. Nerve conduction studies and SSEPs are totally insufficient for diagnosis of radiculopathy and a full EMG is definitely warranted.

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 21<sup>st</sup> day of October 2003.