October 17, 2003

Re: Medical Dispute Resolution
MDR #: M2-04-0122-01
IRO Certificate No.: 5055

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to ___ for an independent review. ___ has performed an independent review of the medical records to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is Board Certified in Neurological Surgery.

Clinical History:
This 44-year-old woman was injured on her job on ___. Her initial complaints were of upper extremity difficulties. She was ultimately found to have a de Quervain's contracture. She had a cervical procedure for release of her hand. Approximately six months into this process, she began complaining of pain into her low back.

Roughly, the first indication of chiropractic managements were 09/14/98 through 07/13/99, approximately three times per week. The records reflect that on 09/16/98 a doctor, who is believed to be a chiropractor, was providing manual adjustments to increase functional mobility and correct segmental misalignment in the area of the low back. This is the first indication of any low back problems.

Despite this, she has been followed for low back problems, ultimately finding her way to a neurosurgeon. On 11/08/01, the neurosurgeon initially recommended conservative and symptomatic therapy. The patient is seen by this physician three times in 2003, at which point the physician is now stating that the patient has severe low back pain and radicular-type pain to the lower extremities. Despite this, no physical exam findings are documented since this physician's initial evaluation on 11/08/01. EMG's reviewed are within normal limits. The report of an open-bore MRI scan was found to be within normal limits. In fact, the diagnosis is that there is no significant disc disease noted in the lumbar spine.

Disputed Services:
CT myelogram.

Decision:
The reviewer agrees with the determination of the insurance carrier and is of the opinion that a CT myelogram is not medically necessary in this case.

Rationale:
There is no clinical information with regards to a radiculopathy. As noted earlier, by orthopedic review, the patient has not had a documented physical examination since

11/08/01, at which time she was felt to have only mechanical low back pain. The neurosurgeon saw the patient in February 2003 and described her as essentially having the same pain, but somehow that has morphed into a radicular pattern.

If, indeed, the patient has progressed neurologically, a documented physical exam would be necessary before approval of a CT myelogram, or virtually any other imaging studies to look for progression of a pathology that is yet to be identified.

I am the Secretary and General Counsel of ___ and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this care for determination prior to referral to the Independent Review Organization.

We are simultaneously forwarding copies of this report to the payor and the Texas Workers' Compensation Commission. This decision by ___ 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 this 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 ten (10) days** of your receipt of this decision (28 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 twenty (20) days** of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you **five (5) 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 Workers' Compensation Commission
P.O. Box 40669
Austin, TX 78704-0012

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

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 October 17, 2003

Sincerely,