

NOTICE OF INDEPENDENT REVIEW DETERMINATION

MDR Tracking Number: M2-04-0184-01

October 28, 2003

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

This is a 57 year old gentleman who, in ___ was described as hurting his back. There is no more information with regards to that specific injury, but it led to chronic neck and low back pain. The neck pain was dealt with with an anterior cervical discectomy at C5 and the patient reportedly has done very well with that. Unfortunately, the low back pain has continued to be a problem despite an anterior discectomy and fusion at L4 and L5 performed in February of 2000 by ____. Post-operatively the patient did reasonably well. At about a year the patient redeveloped low back pain. They began with trigger point injections, epidural injections and ultimately a lumbar myelogram which showed nothing very impressive, according to ____. The situation apparently did not stabilize and, in July of this year, ___ states that the patient is now very symptomatic with severe low back pain and bilateral hip and leg pain. There is no neurologic exam included. A CT myelogram was then requested.

REQUESTED SERVICE(S)

Lumbar myelogram with CT.

DECISION

Deny the request.

RATIONALE/BASIS FOR DECISION

The rationale for this decision is based upon standard treatment guidelines. There is really no necessity to perform an invasive study, even one as mild as a myelogram, when the clinical situation does not support the finding of that study. In short, it is extremely unlikely that any information garnered from a CT myelogram would ultimately influence the appropriate treatment of ____.

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 31st day of October 2003.