

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

November 9, 2003

Re: IRO Case # M2-04-0239

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, Rule 133.308 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 has met the requirements for the TWCC Approved Doctor List or who has been granted an exception from the ADL. 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 is a 47-year-old female who was injured on ___ when a framed wall fell and struck her in the head. She had a loss of consciousness. Subsequently she complained of low back, neck, shoulder and primarily right knee pain. Physical therapy and medications helped to the point that her complaints are now confined to the neck and right upper extremity. A 6/5/03 MRI showed probably significant disk herniation to the right side at C4-5, and midline and somewhat to the left at C5-6. No surgical pathology of significance was seen in the thoracic or lumbar regions. A 6/11/03 EMG suggested right C6 radiculopathy. An anterior cervical fusion and discectomy were recommended on 7/22/03 by neurosurgery consultation.

Requested Service(s)

Chronic behavioral pain management program 5Xweek for 8 weeks

Decision

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

Rationale

There are now documented changes that would account for symptoms that are confined to a particular area of the body – the patient's neck and right upper extremity. MRI and EMG suggest correctable pathology that is causing the patient's trouble. At the C5-6 level of the proposed surgery, the MRI suggests more of a left-sided problem than a right-sided problem. But considering the changes on the EMG, and the trouble at the 4-5 level, and the fact that there are midline changes at 5-6, the surgical procedure proposed is indicated. A pain management program would not be medically necessary before potentially curative measures are pursued such as surgery, or more specific physical therapy measures such as traction.

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 11th day of November 2003.