

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

November 20, 2003

Re: IRO Case # M2-04-0279-01

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 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 50-year-old female who in ___ was performing repetitive motions and developed pain to her neck and both arms. She has been treated with physical therapy, medication and injections. The patient continues with pain extending into both upper extremities. A CT myelogram on 12/11/02 was thought to be negative, showing no evidence of nerve root compression. An EMG 4/25/02 showed a left C6 radiculopathy. A 6/28/02 MRI of the cervical spine showed multiple levels of

what is described as herniated disks of a small size. These findings apparently were not thought to be surgically significant. A 9/25/03 note describes the patient as having numbness and pain to the left hip and thigh, which the patient rated as eight on a scale of 10. In the records provided for this review, no neurologic deficit was recorded except for weakness in grip bilaterally, which is often thought of as an insignificant finding when there is no other neurologic deficit.

Requested Service(s)

Repeat bilateral upper extremity EMG

Decision

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

Rationale

The patient has significant discomfort in an area unrelated to the requested study. There is no neurologic deficit that would suggest a reason that a repeat examination electrically would provide any evidence that was not already obtained in the 4/25/02 study. It is difficult to see how the results of a bilateral upper extremity EMG would alter the therapeutic choices for this patient.

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.

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 24th day of November 2003.