January 5, 2004

MDR #: M2-04-0359-01
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 Pain Management.

Clinical History:
This female claimant suffered a work-related injury that resulted in L5-S1 disc desiccation with annular tear, as well as L4-5 posterior disc bulge. Bilateral S-1 radiculopathy has been suggested by electro-neurodiagnostic studies.

The patient sustained a recent fall in physical therapy resulting in increased complaints of right lower extremity radicular pain component. The patient also is scheduled for epidural steroid administration.

Disputed Services:
Repeat lumbar MRI.

Decision:
Valid reasoning to consider repeat of the lumbar MRI does not appear in the requesting physician's narratives. The only positive findings that suggest that the patient's lumbar pathology has worsened are vague comments concerning right-sided radicular pain. There is no indication of changes in motor or sensory deficits compared to pre-existing levels.

Outside of an emergency setting of substantiated new motor and sensory deficits, repeat of lumbar MRI studies, especially since the patient is scheduled for lumbar epidural steroid administration, is not medically necessary.

I am the Secretary and General Counsel of ___ 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, MS-48
7551 Metro Center Dr., Ste. 100
Austin, TX 78744-1609

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 January 5, 2004.

Sincerely,