

NOTICE OF INDEPENDENT REVIEW DETERMINATION

MDR Tracking Number: M2-04-0468-01

December 15, 2003

An independent review of the above-referenced case has been completed by a medical physician board certified in physical medicine and rehabilitation. 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 ____.

CLINICAL HISTORY

This is a lady who sustained a mild myofascial thoracic strain. This was treated with chiropractic. She did not improve and alternate providers entered into the care. There was an initial MRI that noted small changes. Over the ensuing years, the area of the injury expanded to include the cervical spine and then to the bilateral wrists for a carpal tunnel syndrome. Multiple conservative methodologies and injections were attempted to ameliorate the complaints of pain. The most current imaging studies note degenerative changes consistent with a woman of this age.

REQUESTED SERVICE (S)

Repeat (5th) MRI of the cervical spine.

DECISION

Deny.

RATIONALE/BASIS FOR DECISION

Based on the reported initial mechanism of injury, noting the response to chiropractic, conservative and injections therapies; the question becomes would this 5th MRI advance the diagnosis or alter the treatment plan. As identified by the requestor, the multiple injections (Facet joint, rhizotomies, SNRB) all have not altered the complaints of pain. The spine has been evaluated and significant degenerative changes are noted. The physical examination reported is consistent with the degenerative process identified. Based on the medical records presented, this is not a surgical candidate. The physical examination does not support the presence of an RSD or other neurologic findings.

The focus of treatment in this case has veered from the original injury to several peripheral neuropathies (carpal tunnel syndrome and occipital). No treatment has been able to modify the subjective complaints of pain. The pathology has been identified. Thus, there is nothing to be gained, in terms of noting or making a diagnosis, changing a treatment plan (where everything else has failed, as per the claimant) and this repeat study does nothing to change that. Based on the most recent progress notes of the requestor, there is no clinical basis presented to support this request.

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 17th day of December 2003.