

NOTICE OF INDEPENDENT REVIEW DETERMINATION

MDR Tracking Number: M2-04-0766-01

IRO Certificate No.: 5259

February 10, 2004

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

A 39-year-old male removing refrigerant from a compressor using a torch on a compressor on ___ when a flash fire occurred either blowing him backwards or causing him to jerk backwards and producing a burn on the left hand and face area. MRI scan of the cervical spine revealed a C5-6 disc herniation indenting the thecal sac and mildly indenting the spinal cord on scan of 7/10/03. The patient has had continued severe neck pain. EMG/NCV of both upper and lower extremities on 10/24/03 was negative except for moderate bilateral saphenous neuropathy, mild left lower lumbosacral paraspinal needle denervation abnormalities, and motor and sensory conduction studies compatible with moderate bilateral carpal tunnel syndrome. Neurological exam has been normal.

REQUESTED SERVICE (S)

Medical necessity of proposed repeat bilateral upper and lower extremity EMG/NCV testing and bilateral upper and lower extremity somatosensory evoked potential testing.

DECISION

1. Repeat bilateral upper and lower extremity EMG/NCV testing denied.
2. Bilateral upper and lower extremity somatosensory evoked potential testing approved.

RATIONALE/BASIS FOR DECISION

1. There is no need to repeat the recent EMG/NCV studies at this time. These are thorough and complete. There is nothing to be gained.

2. SSEP's are indicated to investigate the clinical question of underlying cervical spinal cord dysfunction due to the C5-6 subligamentous disc herniation and spinal cord indentation seen on MRI scan and continued severe neck pain.

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 11th day of February 2004.