

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

February 17, 2004

Re: IRO Case # M2-04-0779

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 47-year-old female who in ___ was lifting a box and developed severe neck pain with posterior head pain. X-rays of the cervical spine were thought to be normal. The patient had a normal neurologic evaluation following that and had repeated normal examinations since then. Physical therapy was helpful, but the patient's pain recurred when that was stopped. A Functional Capacity Evaluation indicated that the patient could return to work as a receptionist or as a switchboard operator.

A diagnosis of suboccipital nerve root syndrome was made. A 10/20/02 MRI showed small spurs with mild disk bulging, but nothing of surgical significance, and nothing to explain the patient's discomfort. Plain x-rays of the cervical spine also showed some chronic changes, but nothing more than that. Electrodiagnostic studies on 8/30/03 showed bilateral carpal tunnel syndrome, but nothing to suggest a reason for the patient's discomfort.

Requested Service(s)

MRI of the cervical spine

Decision

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

Rationale

There has been no change in findings or symptoms since the first MRI. Appropriate evaluation might be obtained from oblique views of the cervical spine or even CT scanning of the cervical spine, looking for something in the upper spine that might be causing upper cervical nerve root compression compatible with the patient's symptoms. It is very medically improbable that a change on MRI would be seen without some change in the patient's signs and symptoms. Nerve injections were mentioned as a possible approach, and these might be of diagnostic and therapeutic value.

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 18th day of October 2003.