

March 12, 2004

David Martinez  
TWCC Medical Dispute Resolution  
MS-48  
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Austin, TX 78744-1609

MDR Tracking #: M2-04-0875-01  
IRO #: 5251

\_\_\_ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to \_\_\_ for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

\_\_\_ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Medical Doctor board certified and specialized in Radiology. The reviewer is on the TWCC Approved Doctor List (ADL). The \_\_\_ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to \_\_\_ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

#### CLINICAL HISTORY

\_\_\_ is a 61-year-old man who was originally injured on \_\_\_ when he fell while roofing. He sustained several injuries and fractures of various body parts, including a fracture of the sacrum (S1). He has undergone a number of exams and therapies, but continues with significant symptoms which appear to be worsening.

From a lumbar MRI dated 11/13/00: Mild degenerative disc disease at L1/2, L2/3 and L3/4 without neural compromise. S1 fracture with small bony mass in the left paracentral spinal canal, displacing the thecal sac, probably representing a fracture fragment.

From a lumbar MRI dated 1/21/02: "L2/3 and L3/4 levels with mild spondylosis. At L4/5 there was bilateral facet arthropathy and mild central canal stenosis without neuroforaminal stenosis. At L5/S1 there was bilateral facet arthropathy with mild bilateral neuroforaminal stenosis.

Office notes from \_\_\_ are as follows:

6/18/03 Complains of chronic low back pain, but over past two months has had new numbness and tingling into the left lower extremity. Exam showed + straight leg raising on left (seated and supine) at 40 degrees, -straight leg raising on the right, 4/5 dorsiflexion strength left leg.

7/30/03 Persistent abnormal straight leg raising and worsening low back pain into buttocks and legs Exam showed diminished dorsiflexion and strength.

12/17/03 Complains of worsening low back pain, recently extending into his toes, Also with new tremors and uncontrollable movement. Exam shows 4/5 left dorsiflexion vs. 5/5 right dorsiflexion. Reflexes are 1/4 patella bilaterally, 1/4 right Achilles with absent left Achilles. Also gastroc-soleus weakness on the left.

#### REQUESTED SERVICE

A repeat lumbar MRI is requested for this patient.

#### DECISION

The reviewer disagrees with the prior adverse determination.

#### BASIS FOR THE DECISION

Clearly, this patient's symptoms are getting worse over time. In addition, there is evidence of progressive disease on the second MRI compared to the first. Facet arthropathy, central canal and neuroforaminal stenosis were all reported on the second exam, but were not described on the first MRI. \_\_\_ denial on 8/6/03 was apparently based on "clinical status remains unchanged" but on 12/30/03 he again denies, "based on a change in physical findings." He goes on to state, "If symptoms are worsening, perhaps an alternative imaging study would be in order." But does not suggest what that alternative might be. Actually, the only alternative that could be reasonably considered (to give similar information) would be a myelo-CT (with intrathecal contrast), but that would normally be equally or more expensive, and more importantly would be an invasive procedure requiring needle puncture and a short stay in the imaging facility.

Regardless of what is causing this patient's complaints and physical findings to worsen, his clinical status has deteriorated since prior imaging studies and further imaging evaluation at this time is appropriate.

\_\_\_ has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. \_\_\_ has made no determinations regarding benefits available under the injured employee's policy.

As an officer of \_\_\_, I certify that there is no known conflict between the reviewer, \_\_\_ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

\_\_\_ is forwarding by mail and, in the case of time sensitive matters by facsimile, a copy of this finding to the treating doctor, payor and/or URA, patient and the TWCC.

Sincerely,

### **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.

**I hereby certify, in accordance with TWCC Rule 102.4 (h), that a copy of this Independent Review Organization decision was sent to the carrier, requestor, claimant (and/or the claimant's representative) and the TWCC via facsimile, U.S. Postal Service or both on this 12<sup>th</sup> day of March 2004.**