

**IRO Certificate #4599**

**NOTICE OF INDEPENDENT REVIEW DECISION**

May 31, 2004

**Re: IRO Case # M2-04-0960**

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:

Medical Information Reviewed

1. Table of disputed services
2. Denial letters 3/8/04, 1/14/04, 9/26/03
3. Treating MD reports
4. MRI cervical spine report 3/5/04, 3/17/03
5. MRI lumbar spine report 3/17/03
6. Letter 3/3/04
7. Physical therapy reports
8. Operative reports of injections

### History

The patient is a 41-year-old male who was injured in \_\_\_ and developed back and neck pain. The neck pain had become more prominent, and a report of a 3/17/03 MRI of the cervical spine indicated multi-level chronic changes with some slight bulging, but nothing of surgical significance. Physical therapy was not significantly helpful. A note dated 3/3/04 stated that the patient Had “alarming new symptoms” of urinary incontinence, and examination showed positive straight leg raising on the right and absent reflexes, suggesting nerve root compression in the lumbar spine. A cervical MRI was obtained on 3/5/04 because of changes in the patient’s status. It is unclear why the cervical MRI was performed, as it appears from the records provided for this review that the patient’s symptoms were more related to lumbar problems.

### Requested Service(s)

Repeat cervical MRI

### Decision

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

### Rationale

It was stated in a 1/7/04 communication that a repeat MRI was necessary before the patient could get an appointment for a consultation. The communication does not indicate what part of the body the MRI request was for. If it was cervical, then the MRI of 3/5/04 would be sufficient and another MRI would not be necessary, unless there was some problem with that MRI that was not described in the report. I am at a loss as to why a lumbar MRI was not obtained after the report indicating lower extremity changes, probably secondary to nerves in the lumbar spine, rather than the spinal cord in the neck.

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.

Sincerely,

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 1<sup>st</sup> day of June 2004.