

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

April 9, 2004

Re: IRO Case # M2-04-1038

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 39-year-old male who injured his back in ___ when he was pulling cables and twisting. The patient apparently underwent a variety of treatments, but the complete record from the 1990s was not provided for this review. The patient's pain became so severe that it interfered with his work, and findings indicated that the L4-5 level was the source of his trouble. On 9/24/02 a lumbar interbody fusion with laminectomy and instrumentation was carried out. The patient was able to return to work after that.

Because of discomfort, possibly associated with a stimulator implantation, the stimulator was removed on 7/18/03. Back and lower extremity discomfort has continued. CT myelography on 11/12/03 strongly suggests the possibility of the L5-S1 level having changes that could be surgically correctable.

Requested Service(s)

Repeat MRI lumbar spine

Decision

I disagree with the carrier's decision to deny the proposed MRI.

Rationale

An operative procedure may be beneficial to the patient, based on the CT scan findings. The degree of pathology, however, could not be definitely ascertained by the CT scan, and in such a case, an MRI is frequently able to give surgically useful information that was not seen on the CT scan. In addition, an MRI would give information regarding the levels above the fusion, and they may be significant in reaching conclusions about whether a surgical procedure is indicated.

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 14th day of April 2004.