

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

April 23, 2004

Re: IRO Case # M2-04-1076

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 46-year-old male who in ___ was pushing a lever and developed significant pain across his chest posteriorly, and a tight feeling in his chest leading all the way to the epigastrium. Soon thereafter there was some low back and thoracic pain. The patient has continued to have numbness into his hands. Physical therapy, epidural steroids and medications have not been of significant help. The pain in the patient's back persists. There was some thoracic pain for awhile, but this has subsided, except for the lower thoracic pain.

There is a feeling of weakness and numbness in the patient's feet and hands. A 9/2/03 cervical MRI shows a significant C5-6 disk rupture causing not only probable nerve root compression, but also spinal cord compression with cord signals indicating myelopathy. A 6/30/03 MRI shows a small L4-5 disk rupture centrally and to the right, which does not correspond to any of the patient's symptoms. Also not corresponding to the patient's symptoms are physical findings that the L2-3, L3-4 levels are involved bilaterally.

Requested Service(s)

Lumbar Laminectomy/Discectomy at L2-3, L3-4

Decision

I agree with the carrier's decision to deny the proposed procedure.

Rationale

There is nothing on the MRI to suggest that the L2-3, L3-4 levels as being the source of the patient's back pain. In addition, the patient has significant cervical spine pathology with myelopathy and symptoms probably secondary to those findings. It is very necessary that the patient have the cervical spine taken care of before there is any consideration of back surgery that is only questionably indicated. Once the cervical problem is cared for, additional testing on the patient's back might indicate that a surgical procedure is necessary. The records at this time, however, show no such indication.

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 23rd day of April 2004.