

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

May 31, 2004

Re: IRO Case # M2-04-1080-01

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. Record review 1/29/04, 7/25/02
4. Neurosurgeon's notes
5. Orthopedic report 5/19/03
6. MRI cervical spine report 3/28/03
7. Cervical myelogram report 5/21/02
8. Pain management note 2/26/04
9. Thoracic outlet study 8/18/03

History

The patient is a 42-year-old female who was injured in ___ by repetitive lifting of boxes. This led to an anterior cervical discectomy and fusion at C4-5, and an extension of that to involve C4-7 in June 2001. In recent months the patient's physical examination has not changed, but the patient's symptoms have changed, with pain increasing in her neck, especially on extension of her neck, and numbness in her hands. A 3/28/03 MRI showed significant disk change at C3-4, with possible spinal cord impingement.

Requested Service(s)

Repeat cervical MRI w/o contrast

Decision

I agree with the carrier's decision to deny the requested repeat cervical MRI at this time.

Rationale

The 3/28/03 cervical MRI was indicated, as there was an increase in symptoms of cervical pain and upper extremity pain to suggest the potential of increased spinal cord dysfunction, and possibly nerve root dysfunction secondary to pressure. The 3/28/03 MRI is suggestive enough of a surgical problem at the C3-4 level, that more MRI testing would not be helpful. It is recorded that there is "mild evidence of myelopathy," and the 3/28/03 MRI certainly give reason for that – and it appears to be surgically correctable. Based on the records provided for this review, it does not appear that a repeat MRI would be helpful. If indeed there have been additional changes suggestive of some other difficulty in the several months since the repeat MRI was first requested, this opinion could change.

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 1st day of June 2004.