

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

May 31, 2004

Re: IRO Case # M2-04-1158

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, Rule 133.308 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. Letter from MD 2/27/03, 7/9/02
4. Operative report 2/10/03
5. TWCC 69 Designated doctor evaluation 7/29/03
6. X-ray report cervical spine 12/13/03, 12/10/03, 5/20/03, 4/20/02, 9/27/02, 8/31/02
7. X-ray report chest 12/2/03
8. Bilateral testicular sonogram report 8/23/03
9. CT cervical w/o contrast report 7/14/03
10. Operative note injection 6/2/03
11. Postmyelogram CT scan cervical spine report 5/7/02
12. X-ray report right shoulder 4/20/02
13. X-ray and cervical myelogram report 5/6/02
14. CT scan lumbar spine report 1/24/03
15. Operative report facet block 10/1/01
16. CT post myelogram lumbar report 9/13/01
17. MRI cervical spine report 8/22/01
18. Cervical discogram report 5/6/02

19. Electromyography report 12/10/02
20. Psychiatric evaluation 6/19/02
21. Mental health evaluation 5/1/02
22. Operative report 2/24/03
23. Letter from surgeon to carrier 3/1/04
24. Surgeon evaluation 1/23/04
25. Operative report 12/10/03
26. Surgeon notes
27. Pain management notes

History

The patient is a 45-year-old male who in ___ jerked a trailer release with both hands, and his left hand slipped. He developed neck and shoulder pain. Physical therapy and injections were not successful. On 1/25/02 anterior cervical discectomy and fusion was performed at C5-6 and C6-7, after an MRI showed significant degenerative disk disease changes at these two levels. Continued discomfort led to additional anterior cervical discectomy and fusion at the C7-T1 level. The patient has also had left and right carpal tunnel surgery in February and March 2003. Because of persistent discomfort and the finding of pseudoarthrosis at the fused area, a C6-T1 posterior fusion was performed on 12/10/03. The patient has had continued discomfort in his right shoulder and arm, and there is increased weakness in the right triceps muscle with a deficit to pin prick in the C7 dermatome.

Requested Service(s)

Cervical myelogram with post CT

Decision

I disagree with the carrier's decision to deny the requested CT myelogram with post CT.

Rationale

The patient has had increasing weakness and unexplained pain, and a CT myelogram may show more surgically correctable pathology, which would give him relief from his symptomatology.

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 2nd day of June 2004.