

NOTICE OF INDEPENDENT REVIEW DETERMINATION

MDR Tracking Number: M2-04-1418-01
IRO Certificate Number: 5259

June 30, 2004

An independent review of the above-referenced case has been completed by a medical physician board certified in neurosurgery. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by Texas Medical Foundation, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

___ hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to ___.

Sincerely,

CLINICAL HISTORY

This is a now 44-year-old female who injured herself on ____. At that time she was lifting boxes of chicken and developed significant pain in her back as well as radiating into her left leg. Since that time she has had x-rays of her lumbar spine. She had a myelogram back in October of 2000 and again in October of 2001. She ultimately had a laminectomy in February of 2001 because of a left L4 foraminal and extraforaminal disc herniation. Procedures have included trigger point injections and she has even had a discogram. Despite this, the patient continues to complain of low back pain as well as left leg pain. She is currently seeing ____, a neurosurgeon who has recommended CT

myelogram to evaluate the slight L3 and L4 anterolisthesis as well as her continued left lumbar radiculopathy.

REQUESTED SERVICE(S)

CT myelogram with follow-up.

DECISION

Approved.

RATIONALE/BASIS FOR DECISION

It is appropriate to perform this procedure. A little more rationale needs to be given aside from ___'s last dictation dated 5/13/04. During the patient's follow-up, this patient has developed moderate disc space narrowing at L3, worse on the left side, as well as anterior osteophytes at L3 indicating limited motion. Apparently bending films were performed and little motion was described at that level. However, the traction spurs are more convincing. The patient's symptoms have become so bad that she has required a wheelchair. A CT myelogram with flexion/extension views is an excellent way of determining the overall interplay between the discs, the vertebral bodies and the thecal sac as well as the subjacent nerve roots. An MR, being a static test, is not going to give us that information. Plain x-rays, with their limited soft tissue imaging capability also will not give that issue. A CT myelogram, of course, can.

YOUR RIGHT TO REQUEST A HEARING

Either party to this 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 (20 Tex. Admin. Code 142.5©).

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 148.3).

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings/Appeals Clerk
Texas Workers' Compensation Commission
P.O. Box 17787
Austin, Texas 78744

Or fax the request to (512) 804-4011. A copy of this decision must be attached to the request.

The party appealing the decision shall deliver a copy of its written request for a hearing to the opposing party involved in the dispute.

In accordance with Commission Rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 1st day of July, 2004.