

July 12, 2004

Re: Medical Dispute Resolution
MDR #: M2-04-1434-01
IRO Certificate #: 5055

Dear ____

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to ____ for an independent review. ____ has performed an independent review of the medical records to determine medical necessity. In performing this review, ____ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the Secretary and Counsel of ____ and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this care for determination prior to referral to the Independent Review Organization.

Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is Board Certified in Orthopedic Surgery and is currently listed on the TWCC Approved Doctor List.

REVIEWER'S REPORT

Information Provided for Review:

TWCC-60, Table of Disputed Services, EOB's

Information provided by Treating Doctor: office notes, operative and radiology reports (10/28/01 – 06/15/04).

Information provided by Respondent: correspondence.

Information provided by Surgeon: evaluation and office notes (04/14/92 – 02/09/04).

Clinical History:

The medical records provided are somewhat confusing because there are several apparent injuries that this claimant has sustained in her work. There is an injury noted on ____ when she injured her ankle. There is another injury on ____ when she apparently injured her left knee and subsequently had surgery on her knee on 11/13/01. There is also an injury dated ____ when she sustained injury to her shoulder and perhaps her neck at the same time. She had a shoulder decompression procedure and excision of the distal clavicle following that injury that took place on ____.

The case in question involves an injury that reportedly took place on _____. The records provided for review, unfortunately, do not contain any real description of this injury that took place on _____. The records reviewed reveal that the patient is being treated for neck and lower back injuries by her treating doctor (chiropractor) and a pain management

specialist, but the history of how the lady injured her neck and back is not given. The records reveal that a series of nerve block injections and epidural steroid injections have been given to this lady for treatment of her cervical spine injury. She has also been given lumbar epidural steroid injections and nerve blocks for her lower back injury. There is no medical record of her having a cervical MRI, although the reviewer is sure that if she is getting the nerve blocks and the injections, that she must have had one in the past.

Disputed Services:

Repeat cervical MRI.

Decision:

The reviewer agrees with the determination of the insurance carrier and is of the opinion that a repeat cervical MRI is not medically necessary in this case.

Rationale:

The dispute revolves around whether or not a repeat cervical MRI is indicated. The records indicate that the patient is still receiving active treatment from a chiropractor and a pain management specialist. However, no record of any history of previous injury to the neck and lower back was provided, nor was any record of an MRI having been done on the cervical spine. However, there is a record of an MRI of the lumbar spine that has been done.

No record was provided that is adequate to state what type of injury the patient has sustained to her cervical spine. There is no record of her workup of this injury, such as previous MRI reports of the cervical spine, EMG reports, or reports of a physical exam, which would include neurological findings. Thus, it must be found that a repeat MRI of the cervical spine is not medically necessary.

We are simultaneously forwarding copies of this report to the payor and the Texas Workers' Compensation Commission. This decision by ___ is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of this 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 ten (10) days** of your receipt of this decision (28 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 twenty (20) days** of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you **five (5) days** after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5 (d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings
Texas Workers' Compensation Commission, MS-48
7551 Metro Center Dr., Ste. 100
Austin, TX 78744-1609

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

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 July 12, 2004.