

NOTICE OF INDEPENDENT REVIEW DECISION

July 21, 2004

MDR Tracking #: M2-04-1475-01
IRO Certificate #:IRO4326

The ___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ___ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a ___ physician reviewer who is board certified in neurosurgery, licensed by the ___ in ___, and who provides health care to injured workers. This is the same specialty as the treating physician. The ___ physician reviewer has signed a certification statement stating 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 the referral to ___ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This patient sustained a work-related injury on ___ when she lifted a cotton candy machine off of the floor and felt immediate onset of low back pain. The patient continues to complain of low back pain radiating to her hips and posterior thighs. A myelogram and CT scan performed on 02/13/02 indicated a very small left paracentral posterior protrusion of the L3-4 disc. In addition it indicated mild degenerative changes of the facet joint and disc at the L5-S1 level without evidence of frank disc herniation or spinal stenosis at that level. The patient has been evaluated by neurosurgery and the physician has recommended that the patient undergo a CT scan of the lumbar spine.

Requested Service(s)

CT scan of the L1-S1 lumbar spine

Decision

It is determined that the CT scan of the L1-S1 lumbar spine is medically necessary to treat this patient's condition.

Rationale/Basis for Decision

This patient manifests worsening lumbar symptomatology such that the treating surgeon feels that she will "likely need surgery". It is appropriate, reasonable, and medically appropriate to obtain a more current radiographic study and the CT scan requested by the physician is a reasonable option.

This decision by the IRO is deemed to be a TWCC decision and order.

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 (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 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, Fax: 512-804-4011.

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

Sincerely,

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 21 st day of July 2004.
