

07/07/2004

MDR Tracking #: M2-04-1480-01
IRO #: 5284

___ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this 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, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

This case was reviewed by a licensed Medical Doctor who is board certified in Radiology. The ___ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors 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 the dispute.

CLINICAL HISTORY

___ is a sixty year of age female who was moving a case of beer in the check out line at ___ when she felt a 'pop' in the mid to lower back. She was managed by ___ and ___. An initial work up included an MRI which revealed a L4/5 focal soft tissue protrusion which effaces the thecal sac, L3/4 protrusion effacing the thecal sac and L5/S1 annular bulge without touching the thecal sac. Facet hypertrophy was noted at L3/4, L4/5 and L5/S1. The radiologist recommended myelography or post myelography CT. She was referred to ___ for consultation. The neurosurgeons impression was of lumbar radiculopathy and lumbar facet syndrome. Surgical Interventions included bilateral lumbar facet injections, trigger point injections, left greater trochanteric bursa injection and lumbar ESI injections. ___ requested a lumbar myelogram with post CT in March of 2004 which was denied. ___ notes indicate the patient was having worsened symptoms as of 6/10/04.

REQUESTED SERVICE

The disputed service is a proposed lumbar myelogram with post CT scan.

DECISION

The reviewer disagrees with the previous adverse determination.

BASIS FOR THE DECISION

The reviewer notes in light of the minimal findings on CT and MRI, it is possible that the myelogram with post CT will not reveal a surgically treatable lesion; however, at this point the patient has been on conservative management for over a year without working.

The reviewer notes that one would be able to rule out any surgically treatable anomaly at this point. The reviewer states that considering all of the above, with the patient's progression of symptoms and the lumbar radiculopathy which seems to be confirmed by all examiners that the above requested tests are reasonable and necessary to determine any underlying pathology that has missed detection at this point.

___ has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. ___ has made no determinations regarding benefits available under the injured employee's policy.

As an officer of ___, Inc, ___, I certify that there is no known conflict between the reviewer, ___ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

Sincerely,

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.

In the case of prospective *spinal surgery* decision, a request for a hearing must be made in writing and it must be received by the TWCC Chief Clerk of Proceedings within 10 days of your receipt of this decision. (20 Tex. Admin. Code 142.5(c)).

In the case of other *prospective (preauthorization) medical necessity* disputes a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) 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 (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 Worker's Compensation Commission, P.O. Box 40669, Austin, TX 78704-0012. A copy of this decision should be attached to the request.

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute, per TWCC rule 133.308(t)(2).

Sincerely,

I hereby certify, in accordance with TWCC Rule 102.4 (h), that a copy of this Independent Review Organization decision was sent to the carrier, requestor, claimant (and/or the claimant's representative) and the TWCC via facsimile, U.S. Postal Service or both on this 8th day of July 2004.