

August 10, 2004

MDR Tracking #: M2-04-1489-01
IRO #: 5251

___ 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.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Medical Doctor board certified and specialized in Neurology. The reviewer is on the TWCC Approved Doctor List (ADL). 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

___ injured her lower back at work on ___ when she stepped on a rock with her right foot and fell. The first medical report available for review is from the ___ dated 06/10/03, where she underwent treatment by ___ and ___. The initial impression by ___ was low back radiculopathy involving L4/5 and L5/S1 with bilateral sciatica, marked obesity, surgery for meniscus tears and surgery on both shoulders.

The records were reviewed on 08/24/03 by ___, who felt that no chiropractic treatment was reasonable or necessary for this injury. He felt she had clear evidence of multilevel lumbar degenerative disc disease related to her age and obesity. He felt she was not a good candidate for surgery, and therefore required no additional chiropractic treatments, electrodiagnostic studies, repeat MRI or medical management. ___ recommended lower extremity nerve studies on his visit with her on 10/02/03. She was seen by ___, a pain specialist on 10/20/03 who diagnosed herniated disc at L5/S1 with lateral stenosis and mild-to-moderate herniated disc at L4/5. He felt she had lumbosacral radiculopathy and was in need of EMG nerve studies.

She was seen by ___ on 10/02/03, and at that visit she was walking using tow walking support canes and was morbidly obese at 333 pounds. She had normal strength and symmetric reflexes. He felt the lumbar spine was related to the meniscal injury, and that the injury mentioned in the lumbar spine was unrelated to the compensable injury. She has continued to follow up with the ___ for her lower back complaints and is taking medications and undergoing therapy.

There is a pre-authorization denial on 04/29/04 stating that lower extremity EMG nerve studies would not change the course of treatment for this patient. The last report available for review from the ___ dated 06/03/04 had the same findings as before. They continued her on Oxycontin, Neurontin and Darvocet-N 100.

REQUESTED SERVICE

An EMG/NCV test is requested for this patient.

DECISION

The reviewer agrees with the prior adverse determination.

BASIS FOR THE DECISION

The reviewer, a Board Certified Neurologist and Fellow of the American Academy of Disability Evaluating Physicians, finds that ___ does have chronic low back pain with lumbar degenerative disc disease and marked obesity with a weight exceeding 330 pounds. The reviewer agrees with the prior evaluations that a needle EMG nerve study would not be medically indicated and necessary related to the compensable injury. It is medically improbable that this diagnostic study would change the management of this patient who is not a surgical candidate. He agrees with the IME by ___ dated 12/02/03 and the previous pre-authorization denial in April 2004. A clinical examination by ___ did not show any evidence of focal or neurologic compromise or nerve root compression. Therefore, it is medically improbable that a needle EMG nerve study will add any information to help manage this patient's complaints.

___ 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 ___, 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.

___ is forwarding by mail and, in the case of time sensitive matters by facsimile, a copy of this finding to the treating doctor, payor and/or URA, patient and the TWCC.

Sincerely,

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.

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 10th day of August 2004.