

**THIS DECISION HAS BEEN APPEALED. THE
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:**

SOAH DOCKET NO: 453-05-1646.M2

NOTICE OF INDEPENDENT REVIEW DECISION

September 28, 2004

**Re: IRO Case # M2-04-1596
IRO Certificate # 4599**

Texas Worker's Compensation Commission:

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to ___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Anesthesiology and Pain Management, and who has met the requirements for the TWCC Approved Doctor List or who has been granted an exception from the ADL. He or she has signed a certification statement attesting 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 referral to ___ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the ___ reviewer who reviewed this case, based on the medical records provided, is as follows:

Medical Information Reviewed

1. Table of disputed services
2. Denial letters
3. Operative reports 8/25/03, 8/29/03
4. Letter from M.D. 9/18/03
5. Report 2/4/04

6. Office notes and clinic notes 2003, 2004
7. Reports MRI of lumbar and thoracic spine 7/22/03, 7/23/03
8. Report CT cervical spine 4/16/03

History

The patient was disconnecting a fuel hose from an aircraft in ___ when his left shoulder popped. Pain developed, and this led to rotator cuff surgery. Subsequently, the patient had pain in his spine, and this eventually led to an anterior cervical discectomy and fusion in 1997. Because of persistent pain, a morphine pump was placed, and the pump was helpful. Complications with the morphine pump, which had been placed intrathecally, developed, and this required its removal in August 2003. A pre-operative MRI suggested epidural abscess at the T8 and T9 regions. Because the intrathecal morphine pump placed in the past was so effective, it is thought that doing it once more is indicated. The surgeon requests an MRI of the thoracic spine to make sure there is no unusual process present before more spinal surgery is performed in that area.

Requested Service(s)

MRI of thoracic spine w/wout contrast

Decision

I disagree with the carrier's decision to deny the requested MRI.

Rationale

The patient would apparently benefit from reinstatement of the intrathecal morphine pump, and with the unusual findings present that led to the removal of the previously placed catheter, making sure there is no unusual process continuing is indicated, despite there being no distinct symptoms that would indicate that a problem would be present. The patient's circumstances were so unusual that gaining as much information as possible about the patient's spinal canal is indicated before another invasive procedure is pursued.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

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.

Sincerely,

In accordance with Commission Rule 102.4 (b), I hereby certify that a copy of this Independent Review Organization (IRO) decision was sent to the carrier and the requestor or claimant via facsimile or US Postal Service from the office of the IRO on this 28th day of September 2004.