

NOTICE OF INDEPENDENT REVIEW DECISION

Date: November 3, 2004

RE: MDR Tracking #: M2-05-0190-01
IRO Certificate #: 5242

___ 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 an orthopedic surgeon reviewer (who is board certified in orthopedic surgery) who has an ADL certification. 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.

Submitted by Requester:

- Letter from ___ dated 9-20-04

Submitted by Respondent:

- Denial of request for repeat MRI
- Operative note anterior cervical fusion C4-5 and C5-6 1-15-98 by ___ and ___.
- MRI cervical spine 12-23-98 indicating stable fusion at C4 and C5 levels and disc protrusion at C3 not affecting any neurogenic structures.
- Operative note 9-13-01 anterior cervical fusion C3-4 by ___ and ___
- Office notes ___

Clinical History

This 44 year old male with cervical injury sustained on ___. He subsequently had two cervical surgeries as described above. He was seen in 2004 by ___ with complaint of cervical pain radiating to left upper extremity.

Requested Service(s)

MRI cervical spine.

Decision

I agree with insurance carrier that above requested service is not medically necessary.

Rationale/Basis for Decision

___ does not present any documentation that would warrant repeat MRI. The physical examination describes only 20 degrees cervical motion and left radiculopathy. There is no documentation as to which planes of motion are limited and in what direction. There is no neurologic exam. There is no documentation as to clinical changes of significance since the 2001 surgery. There are no cervical x-rays especially flexion/extension views.

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 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.

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 patient, the requestor, the insurance carrier, and TWCC via facsimile or U.S. Postal Service from the office of the IRO on this 3rd day of November 2004.