

MEDICAL REVIEW OF TEXAS

[IRO #5259]

3402 Vanshire Drive

Austin, Texas 78738

Phone: 512-402-1400

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NOTICE OF INDEPENDENT REVIEW DETERMINATION

TWCC Case Number:	
MDR Tracking Number:	M2-05-0404-01
Name of Patient: _____	
Name of URA/Payer:	
Name of Provider: (ER, Hospital, or Other Facility)	
Name of Physician:	Dr. L, MD
(Treating or Requesting)	

December 15, 2004

An independent review of the above-referenced case has been completed by a medical physician board certified in physical medicine and rehabilitation. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by Texas Medical Foundation, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

Medical Review of Texas (MRT) hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to MRT.

Sincerely,

Medical Director

cc: _____
_____, MD
Rosalinda Lopez, Texas Workers Compensation Commission

CLINICAL HISTORY

Records reviewed included:

1. Dr. L, Jr. MD notes from 8/23/04 through 10/1/04;
2. Radiology reports of thoracic x-ray 5/17/04 and thoraco lumbar MRI 6/7/04; and
3. Functional capacity evaluation (18 pages) from 10/6/04.

22-year-old male with hypertension status post presumed left back trauma at work on _____. His pain is persistent and located over the left thoraco-lumbar paravertebral muscles. His conservative treatment algorithm has been met with limited success.

REQUESTED SERVICE(S)

Thoraco lumbar myelogram with CT scan

DECISION

Uphold denial.

RATIONALE/BASIS FOR DECISION

According to NASS Clinical Guidelines and based on the aforementioned data, no differential diagnosis has been established. Furthermore, according to R. Herzog in *Spine*, 1996, using imaging studies such as CT scan to screen for pathology and using the results of the study alone to generate or exclude diagnosis can only lead to many incorrect and costly conclusions.

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 (20 Tex. Admin. Code 142.5©).

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 148.3).

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a 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

Or fax the request to (512) 804-4011. A copy of this decision must be attached to the request.

The party appealing the decision shall deliver a copy of its written request for a hearing to the opposing party involved in the 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 carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 16th day of December, 2004.

Signature of IRO Employee: _____

Printed Name of IRO Employee: