

We are simultaneously forwarding copies of this report to the payor and the Texas Workers' Compensation Commission. This decision by Independent Review, Inc. is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of this 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 ten (10) days** of your receipt of this decision (28 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 twenty (20) days** of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you **five (5) 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 Workers' Compensation Commission, MS-48
7551 Metro Center Dr., Ste. 100
Austin, TX 78744-1609

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

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 January 4, 2005.

Sincerely,

Secretary & General Counsel

GP/thh

REVIEWER'S REPORT M2-05-0469-01

Information Provided for Review:

TWCC-60, Table of Disputed Services, EOB's

Information provided by Requestor:

- Office notes 04/25/03 – 10/08/04
- EMG study 12/23/02

- Procedure note 08/17/04
- Radiology reports 12/16/02 – 01/21/04

Information provided by Respondent:

- Correspondence
- Physician review

Information provided by Treating Doctor:

- Office notes 02/06/04 – 06/02/04
- Physical therapy notes 01/02/04 – 01/30/04

Information provided by Chiropractor:

- Office notes 06/24/04 – 09/28/04
- Physical therapy notes 03/18/04 – 08/05/04
- FCE's 03/18/04 – 11/10/04

Information provided by Pain Management Specialist:

- Office notes 07/19/03 – 11/24/04
- Procedure notes 02/22/03 – 03/01/04

Clinical History:

The patient is a 62-year-old woman injured ___ at work. The patient had significant pain in her back that radiated to the right lower extremity. Since then, she has had extensive conservative care including therapy and injections. MRI scan dated January of 2004 revealed right greater trochanteric bursitis as well as bilateral sacral insufficiency fractures.

Disputed Services:

Lumbar MRI

Decision:

The reviewer agrees with the determination of the insurance carrier and is of the opinion that a lumbar MRI is not medically necessary in this case.

Rationale:

Two MRI scans of the lumbar spine, the first in December of 2002 and the second in December of 2003, reveal essentially the same findings of an L4/L5 spondylolisthesis and corresponding spinal stenosis. An MRI done of the hips dated January of 2004 reveals bilateral sacral insufficiency fractures. To determine the status of the sacral insufficiency fractures a pelvic MRI scan, not a lumbar MRI scan, is medically necessary.