

# 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:	M2-05-0957-01
Name of Patient:	
Name of URA/Payer:	TASB Risk Management Fund
Name of Provider: (ER, Hospital, or Other Facility)	
Name of Physician: (Treating or Requesting)	Norma Cavazos, MD

March 8, 2005

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

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physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to MRT.

Sincerely,

Michael S. Lifshen, MD  
Medical Director

cc: Shahid Rashid, MD  
Norma Cavazos, MD  
Texas Workers Compensation Commission

RE:

CLINICAL HISTORY

\_\_\_ is a 25 year employee of the La Joya ISD, and reported injury on the job occurring on \_\_\_ after carrying boxes of books from one end of the hall to the other. She was performing the activities of an instructional assistant. Her complaints included a stiff neck, low back pain and she saw Dr. Norma Cavazos. Thoracic and Cervical complete work up ensued and included an MRI of the Lumbar, Cervical and Thoracic spines. An EMG of the arms was noted to be normal. In pain program with persistent complaints of neck pain with numbness and tingling into the hand.

REQUESTED SERVICE(S)

Proposed repeat cervical MRI.

DECISION

Denied.

RATIONALE/BASIS FOR DECISION

The performance of diagnostic tests, including MRI of the cervical spine, has a specific set of criteria which would have to be present to perform such a test. In order perform a repeat of previous study there is a need for a documented change in patient status. In the particular case of cervical MRI the findings of upper extremity neurologic deficit

must exist. In all records provided for review from treating physician and IME physician there is NO documented evidence of ( 1.) neurologic deficit, as each exam documents normal CN 2-12 and normal reflexes and normal motor strength and a documented normal NCV. (2.) there is no change in clinical status from prior cervical MRI to warrant a repeat study documented in the records provided.

- a. There are only normal PE's recorded, and a well documented degenerative spine disease in the cervical spine that was noted on the first MRI clearly confirming a pre existing condition.
- b. There are no clinical indications for repeat cervical MRI, to evaluate the degree of neural compromise from the pre existing DJD a Cervical Myelogram would be an appropriate test if a previous MRI had already been performed.

## 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 9<sup>th</sup> day of March 2005.

Signature of IRO Employee: \_\_\_\_\_

Printed Name of IRO Employee: Cindy Mitchell