MEDICAL REVIEW OF TEXAS

[IRO #5259]

3402 Vanshire Drive Austin, Texas 78738

Phone: 512-402-1400 FAX: 512-402-1012

NOTICE OF INDEPENDENT REVIEW DETERMINATION

TWCC Case Number:	
MDR Tracking Number:	M2-05-1076-01
Name of Patient:	
Name of URA/Payer:	American Interstate Insurance Company
Name of Provider: (ER, Hospital, or Other Facility)	
Name of Physician: (Treating or Requesting)	John Sazy, MD

March 22, 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 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: John Sazy, MD
Texas Workers Compensation Commission

RE:

CLINICAL HISTORY
This is a 33-year-old lady who reportedly fell on ___ injuring her lower back. She was seen by her PCP and then by Dr. Sazy. Dr. Sazy apparently identified a cervical disc lesion and took her to surgery. This apparently resolved the cervical disc lesion. A lumbar MRI had been completed and no operative disc lesion was noted at that time. In the January 17, 2005 progress notes from Dr. Sazy, he reports that there are disc bulges compromising the L5 nerve roots bilaterally. The MRI from Fossil Creek, read by Dr. Dao, completed three weeks after the date of injury notes a L5-S1 disc dehydration and broad based bulge noting moderate neuroforaminal encroachment. There was no canal stenosis or lateral recess encroachment.

REQUESTED SERVICE(S)
Medical necessity of repeat lumbar MRI.

DECISION
Approved.

RATIONALE/BASIS FOR DECISION
This is a markedly obese 35-year-old lady. There was a notation of a broad based disc bulge and degenerative changes nearly two years ago. There was no surgical lesion noted at that time. However, there are reported findings consistent with radiculopathy. Clearly this is part of an evaluation to determine if there is a surgical lesion or not. The pre-authorization process cannot be based on the relatedness to the compensable injury. The prior decision was based on old data and not on the current claims made by the requestor. Not having any physical examination assessments to the contrary, one must accept that assessment. The issue of relatedness is a question that needs to be resolved by another administrative venue. Is there a clinical indication for a repeat MRI, based on the handwritten progress notes of Dr. Sazy? There is. However, if the changes are consistent with continued degeneration noted two years ago, then it is clear that these changes are not a function of the compensable injury.

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 22nd day of March 2005.

Signature of IRO Employee: _____

Printed Name of IRO Employee: Cindy Mitchell