

July 11, 2005

**Re: MDR #:** M2-05-1895-01 **Injured Employee:**  
**TWCC#:** **DOI:**  
**IRO Cert. #:** 5055 **SS#:**

**TRANSMITTED VIA FAX TO:**  
**Texas Workers' Compensation Commission**  
Attention:  
Medical Dispute Resolution  
Fax: (512) 804-4868

**REQUESTOR:**  
Brad Burdin, DC  
Attention: Jessica  
(210) 690-0399

**RESPONDENT:**  
Specialty Risk Services  
Attention: Deana Rutherford  
(972) 807-4848

Dear Mr. \_\_\_\_:

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to IRI for an independent review. IRI has performed an independent review of the medical records to determine medical necessity. In performing this review, IRI reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the Secretary and General Counsel of Independent Review, Inc. and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this care for determination prior to referral to the Independent Review Organization. Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is a board certified in Orthopedic Surgery and is currently listed on the TWCC Approved Doctor List.

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 July 11, 2005.

Sincerely,

Gilbert Prud'homme  
General Counsel

GP/th

**REVIEWER'S REPORT**  
**M2-05-1895-01**

**Information Provided for Review:**

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

From Requestor:

Office notes 04/06/05 – 06/09/05

Nerve conduction test 05/17/02

Radiology report 07/27/00

From Respondent:

Correspondence

**Clinical History:**

The patient suffered a work-related injury on \_\_\_\_\_. He injured his right neck, arm, leg, and lower back, and suffers from chronic neurogenic pain in both the upper and lower extremities on the right. The patient has had previous nerve conduction testing that showed mild L4/L5 nerve root irritation with radiculopathy and normal upper extremity findings. The patient complained of persistent symptoms 6 years after the injury. Dr. Hirsch and Dr. Burden recommended repeat nerve conduction studies of the upper and lower extremities.

**Disputed Services:**

Repeat right MRI to cervical and lumbar and EMG/NCV and low back, lumbar, upper & lower extremity.

**Decision:**

The reviewer agrees with the determination of the insurance carrier and is of the opinion that the services and procedures in dispute as stated above are not medically necessary in this case.

**Rationale:**

Based on the review of the medical records, the nerve conduction study performed in 2002 failed to show any active nerve disorders in the upper extremity and showed chronic changes in the lower. From that nerve study until now, there have been no documented changes or acute changes in this patient's neurological examination to warrant repeat nerve tests or MRI scans. Indiscriminate imaging and nerve conduction testing without historical changes in this patient's symptoms or documented physical examination changes are unwarranted.