

MEDICAL REVIEW OF TEXAS

[IRO #5259]

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NOTICE OF INDEPENDENT REVIEW DETERMINATION

TDI-WC Case Number:	_____
MDR Tracking Number:	M2-06-0013-01
Name of Patient:	_____
Name of URA/Payer:	TML Intergovernmental Risk Pool
Name of Provider: (ER, Hospital, or Other Facility)	Advanced Neurological Associates
Name of Physician: (Treating or Requesting)	Jose Reyes, MD

October 5, 2005

An independent review of the above-referenced case has been completed by a medical physician board certified in neurology. 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 the Division of Workers' Compensation 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: _____
Advanced Neurological Associates
Jose Reyes, MD
Division of Workers' Compensation

CLINICAL HISTORY

Documents Reviewed: Initial evaluation of Mr. _____ by Jose Reyes, Jr., MD 2/3/04 and multiple follow-up visits by Dr. Reyes or Boris L. Payan, MD. Follow-up visits on Mr. _____ at Pain Management Consultants, Pasadena, Texas. Report of MRI scan of the lumbar spine of 2/5/03 (the patient had lumbar laminectomy roughly November 2004). An appeal from Advanced Neurological Associates by Meyer L. Proler, MD of 9/27/05. Multiple copies of the chapter on radiculopathy, plexopathies, and possible neuropathies from the book Electromyography and Neuromuscular Disorders by Preston and Shapiro, specifically on radiculopathy. A copy of the chapter on radiculopathies and plexopathies from the book Electrodiagnosis and Diseases of Nerve and Muscle by Jun Kimura, MD.

A 44-year-old male status post remote laminectomy 15 years previously, who was injured _____ picking up a recycle bin while working for the _____. No improvement from physical therapy. No improvement from several epidural steroid injections. On initial evaluation by Jose Reyes, Jr., MD on 2/3/04, the patient complained of pain across the low back radiating into both lower extremities. Neurological examination at that time was basically normal except for lumbosacral paraspinal trigger points. The patient underwent lumbar laminectomy around the early part of November 2004. Postoperatively, the patient continued to complain of pain across the low back and into both lower extremities. On office visit of 8/1/05 it was noted that "the pain is shooting all the way down his leg along the L4-5, L5-S1 nerve root distribution in both legs."

REQUESTED SERVICE(S)

Repeat EMG/NCV bilateral lower extremities.

DECISION

Denied.

RATIONALE/BASIS FOR DECISION

There is no indication that the patient's pain has changed at all prior to or since surgery. There is no indication of even the most rudimentary neurological examination, without which an EMG/NCV is useless. Therefore, requested services are not authorized.

YOUR RIGHT TO APPEAL

If you are unhappy with all or part of this decision, you have the right to appeal the decision. The decision of the Independent Review Organization is binding during the appeal process.

If you are disputing the decision (other than a spinal surgery prospective decision), the appeal must be made directly to a district court in Travis County (see Texas Labor Code §413.031). An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable. If you are disputing a spinal surgery prospective decision, a request for a hearing must be in writing and it must be received by the Division of Workers' Compensation, Chief Clerk of Proceedings, within ten (10) days of your receipt of this decision.

Chief Clerk of Proceedings
Division of Workers' Compensation
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 5th day of October 2005.

Signature of IRO Employee: _____

Printed Name of IRO Employee: Cindy Mitchell