

MEDICAL REVIEW OF TEXAS

[IRO #5259]

3402 Vanshire Drive

Austin, Texas 78738

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NOTICE OF INDEPENDENT REVIEW DETERMINATION

TWCC Case Number:	
MDR Tracking Number:	M2-05-2071-01
Name of Patient:	
Name of URA/Payer:	Assoc. Casualty Insurance Co.
Name of Provider: (ER, Hospital, or Other Facility)	
Name of Physician: (Treating or Requesting)	John Dang, MD

August 9, 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 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 Dang, MD
Texas Workers Compensation Commission

CLINICAL HISTORY

Documents reviewed included: Ms. ____ Work Comp Initial Injury Information Sheet for injury of _____. Multiple reports of Dr. Dan's evaluations beginning apparently 8/31/2000. Various TWCC 73 forms, various medication refill facsimile requests for hydrocodone and propoxyphene. Copies of the electromyography reports by Dr. Ronald DeVere, MD dated 4/25/02 (normal in both lower extremities), and electromyography report of Susan K. Linder, MD, PA of 9/20/2000 (normal in both lower extremities). Reports of MRI of the lumbar spine 10/20/2000, lumbar myelogram with postmyelogram CT scan 11/28/2000, lumbar myelogram with postmyelogram CT scan of the lumbar spine of 10/9/2001. Reports by Dr. Jack Kern, MD, Diplomate's American Board of Orthopedic Surgery, Designated Doctor Evaluation by Dr. Carlton Smith, MD.

Ms. ____ was 40 years of age when she injured her low back pulling racks out of an oven. She has suffered continued pain. She has undergone exhaustive neurocognitive treatment, including lumbar facet injections. Electromyographic studies of both lower extremities, as mentioned above, have been normal on two occasions. The most recent lumbar myelogram with post myelogram CT scan reports available of 10/9/2001 showed mild ventral extradural defects at L3-4 and to a lesser extent at L4-5 and L5-S1 on the myelogram, and moderate sized posterior central disc protrusion at L3-4 with mild narrowing of the bilateral lateral recesses at this level and minimal disc bulge at L4-5 with annular material minimally effacing the thecal sac, and mild lumbar facet joint hypertrophy at L4-5 and L5-S1. There was mild posterior disc protrusion at L5-S1. There had been no change in these studies from previous myelogram of 11/28/2000. The patient's pain has continued.

REQUESTED SERVICE(S)

Repeat EMG/MCV of both lower extremities.

DECISION

Denied.

RATIONALE/BASIS FOR DECISION

The results of the multiple previous studies are as mentioned above. The previous EMG/NCV studies have been normal x 2. There has been no change in the neuroimaging studies of Ms. ___ lumbar spine over the years. There is no indication on any of the physician reports that there has been any change in Ms. ___ symptomatology. There, is, thus, no indication of any justification for yet another diagnostic procedure regarding Ms. ___ low back injury at this time.

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 9th day of August 2005.

Signature of IRO Employee: _____

Printed Name of IRO Employee: Cindy Mitchell