

August 22, 2003

Re: Medical Dispute Resolution
MDR #: M5-03-2093-01
TWCC#:

IRI has performed an independent review of the medical records of the above-named case 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.

The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is Board Certified in Orthopedic Surgery.

Clinical History:

This male claimant suffered a work-related injury on 07/30/98. On 05/20/02, he had a posterior cervical decompression and had intra-operative evoked potential monitoring.

Disputed Services:

Intra-operative evoked potential monitoring.

Decision:

The reviewer agrees with the determination of the insurance carrier and is of the opinion that intra-operative evoked potential monitoring was not medically necessary in this case.

Rationale:

This was a routine posterior cervical decompression during which instrumentation was not placed, making intra-operative evoked potential monitoring not medically necessary. If hardware had been placed inside the neck, then it certainly would then be needed.

According to Texas Labor Code 408:021(a), an employee is entitled to the care reasonably required in association with their injury and the treatment thereof. If the patient's condition is not stable, the care to maintain and promote healing is medically necessary.

and I certify that the reviewing healthcare professional 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 case for determination prior to referral to the Independent Review Organization.

Sincerely,