



# Texas Medical Foundation

Barton Oaks Plaza Two, Suite 200 • 901 Mopac Expressway South • Austin, Texas 78746-5799  
phone 512-329-6610 • fax 512-327-7159 • www.tmf.org

## NOTICE OF INDEPENDENT REVIEW DECISION

August 14, 2003

### Requestor

John S. Toohey, MD  
Attn: Letty Trevino  
9150 Huebner Rd., Suite 350  
San Antonio, TX 78240

### Respondent

American Home Assurance Company  
c/o Travelers  
Fax #: 866-741-2139

RE: Injured Worker:  
MDR Tracking #: M2-03-1422-01-SS  
IRO Certificate #: IRO4326

The Texas Medical Foundation (TMF) has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to TMF for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

TMF has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a TMF physician reviewer who is board certified in orthopedic surgery which is the same specialty as the treating physician. The TMF physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to TMF for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

### Clinical History

This patient fell at work and landed on her buttocks and back on 08/19/02. She developed back and left leg pain. She began a course of physical therapy, lumbar epidural steroid injections, and anti-inflammatory and analgesic medications. A discography performed 04/29/03 revealed painful concordant discs at L4-5 and L5-S1.

### Requested Service(s)

L4-5, L5-S1 decompression, posterior laminectomy with interbody fusion and cages, and posterior laminectomy with fusion with Steffees

### Decision

It is determined that the proposed L4-5, L5-S1 decompression, posterior laminectomy with interbody fusion and cages, and posterior laminectomy with fusion with Steffees is not medically necessary to treat this patient's condition.

### Rationale/Basis for Decision

The indication for decompression is nerve root compression producing a neurological deficit. The medical records provided do not include any finding suggestive of nerve root compression. There are multiple indications for fusion. The simplest is instability demonstrated on flexion/extension lateral x-rays which is well recognized in the literature. Neither of these circumstances is documented in the records reviewed. Sometimes joints are fused as a consequence of severe arthrosis. No documentation of such is present in the records.

It is suggested that the positive discogram is, as a stand alone circumstance, an indication for fusion; however, this is controversial. The documentation provided lacks information to suggest that a discectomy and 360 degree fusion would be successful. Therefore, it is determined that the proposed L4-5, L5-S1 decompression, posterior laminectomy with interbody fusion and cages, and posterior laminectomy with fusion with Steffees is not medically necessary.

This decision by the IRO is deemed to be a TWCC decision and order.

### **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** (10) days of your receipt of this decision (20 Tex. Admin. Code 142.5 (c)).

**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) 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 (28 Tex. Admin Code 102.4(h) or 102.5(d)). A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Workers' Compensation Commission, P.O. Box 40669, Austin, Texas, 78704-0012. 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 (Commission Rule 133.308 (t)(2)).

Sincerely,

Gordon B. Strom, Jr., MD  
Director of Medical Assessment

cc: Program Administrator, Medical Review Division, TWCC

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 14<sup>th</sup> day of August, 2003.

Signature of IRO Employee:

Printed Name of IRO Employee: