

May 16, 2002

Re: Medical Dispute Resolution
MDR #: M2-02-0478-01

IRO Certificate No.: I RO 5055

Dear

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). Texas Workers' Compensation Commission Rule 133.308 "Medical Dispute Resolution by an Independent Review Organization", effective January 1, 2002, allows an injured employee, a health care provider and an insurance carrier to appeal an adverse determination by requesting an independent review by an IRO.

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to ___ for an independent review. ___ has performed an independent review of the medical records to determine medical necessity. In performing this review, ___ 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. Your case was reviewed by a physician Board Certified in Neurology and Pain Management.

THE PHYSICIAN REVIEWER OF THIS CASE AGREES WITH THE DETERMINATION MADE BY THE INSURANCE CARRIER ON THIS CASE.

I am the Secretary and General Counsel of ___ 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 case for determination prior to referral to the Independent Review Organization.

We are forwarding herewith a copy of the referenced Medical Case Review with reviewer's name redacted. We are simultaneously forwarding copies to the patient, the payor, and the Texas Workers' Compensation Commission. This decision by ___ 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
P.O. Box 40669
Austin, TX 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.

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 16TH day of May, 2002.

Sincerely,

Secretary & General Counsel

MEDICAL CASE REVIEW

This is for ____. I have reviewed the medical information forwarded to me concerning Case File #M2-02-0478-01, in the area of Neurology and Pain Management. The following documents were presented and reviewed:

A. MEDICAL INFORMATION REVIEWED:

1. Acknowledgement of receipt of Medical Dispute Resolution by the Commission.
2. Request for Medical Dispute Resolution by ____.
3. Comprehensive medical analysis by ____, dated 8/16/01.
4. Consultant review, dated 8/13/01, by ____.
5. Appeal of adverse determination by ____.
6. Medical records by ____ which indicate the date of injury as being ____.
7. Lumbar spine x-rays report, dated 11/27/00.
8. Post-diskogram CT of the lumbar spine dated 9/17/98.
9. Consultation note by ____, dated 8/24/98, regarding work-related injury which occurred on 1/09/96.
10. MRI of the lumbar spine, with and without gadolinium, dated 8/03/98.

B. SUMMARY OF EVENTS:

According to ___ initial consultation note on 8/24/98, it appears that this patient sustained a work-related injury on ___ when he was struck on his back with a pipe. It appeared that the patient did have a prior low back history including surgery done on the lumbar spine, presumably a laminectomy on the left side, which was approximately four years prior to his initial consultation by ___ which would place the surgery as having occurred around 1994.

Since the initial consultation with ___, it appears that the patient has undergone a series of epidural steroid injections, diskogram with CT scan, and other treatment including conservative physical therapy type modalities, etc. Medication management has also been attempted.

I do not see any imaging studies that may have been done for the lumbar spine around the time of injury in 1996. The imaging reports that are available include the x-rays of the lumbar spine dated 11/27/00 which are interpreted as showing "potential degenerative disk disease" at L4-5 and L5-S1 with a suggestion of a partial laminectomy on the left at the L4-5 level.

The post-diskogram CT scan dated 9/17/98 is interpreted as showing an annular tear at L3-4 with extravasation of contrast, left and posterolaterally. Also noted is a left paracentral L4-5 disk herniation with extension of contrast material and extravasation around the thecal sac. Also noted is a broad posterior L5-S1 disk bulge with left lateral and left posterolateral annular tear and possible compression of the left S-1 nerve root.

MRI of the lumbosacral spine dated 8/03/98 is interpreted as showing evidence of previous surgery at L4-5, a central and left paracentral disk herniation at this level with evidence of surgical scarring and fibrosis, and a central bulge at L5 S1 which possibly affects the right and left S-1 nerve root.

C. OPINION:

I AGREE WITH THE DETERMINATION MADE BY THE UTILIZATION REVIEW AGENT ON THIS CASE.

The reason for this is, from what I can gather from the medical records, any presence of epidural fibrosis and surgical scarring would have occurred as a result of his previous surgery that took place at some point in 1994, which was presumably not work related. I have read the notes by ___ and understand that his suspicion is that the scarring may also be due in part to extravasation of disk material, etc. However, I am not aware that lysis of adhesions in the epidural space is routinely done with this possible mechanism contemplated, but instead, if done at all, is usually with the suspicion of epidural fibrosis as a result of previous surgery.

Therefore, even though the patient does continue to supposedly complain of radicular pain which may, in fact, be due to epidural fibrosis and scarring affecting the nerve root, and this would be considered by some to be an adequate indication for epidural lysis of adhesions with a spinal catheter (Racz procedure), I feel that the presence of any epidural fibrosis is more likely related to the patient's pre-existing back condition and surgery that pre-dated the work related injury.

D. ADDITIONAL COMMENTS:

There may be some confusion as to the dates of injury, since I did receive medical records regarding another injury that involved a lower lip laceration, dated ___. I am under the presumption that this work-related injury is not necessarily the one that relates to the request for the procedure in question, which is geared more toward the low back injury dated ___.

E. DISCLAIMER:

The opinions rendered in this case are the opinions of this evaluator. This medical evaluation has been conducted on the basis of the documentation as provided to me with the assumption that the material is true, complete and correct. If more information becomes available at a later date, then additional service, reports or consideration may be requested. Such information may or may not change the opinions rendered in this evaluation. My opinion is based on the clinical assessment from the documentation provided.

Date: 13 May 2002