

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

September 6, 2002

Re: IRO Case # M2-02-0573-01

Texas Worker's Compensation Commission:

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IRO's, TWCC assigned this case to ___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Neurological Surgery. He or she has signed a certification statement attesting 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 referral to ___ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The ___ reviewer who reviewed this case has determined that, based on the medical records provided, the requested treatment is medically necessary. Therefore, ___ disagrees with the adverse determination regarding this case. The reviewer's decision and the specific reasons for it, is as follows:

History

This case involves a now 52-year-old male who on ___ developed back pain and probable lower extremity discomfort. This lead to an interbody fusion at L4-5 with pedicle screws on 6/20/01. The patient continues to have discomfort in his back associated with numbness in his right foot and feelings of weakness in his right lower extremity. Reevaluation of the lumbar spine with CT myelography on 1/30/02 showed changes suggestive of continued nerve root compression by a small disk herniation at L5-S1 on the left side along with right-sided facet spurring, causing probable right S1 nerve root compression. At L4-5 one pedicle screw may well be in contact

with an exiting nerve root. Because of the patient's continued pain, decompression of the nerve roots with probable removal of hardware that may be causing nerve root compression as part of a re-exploration of the fusion, was recommended.

Requested Service(s)

Decompression of nerve roots, which may include removal of hardware and fusion re-exploration

Decision

I disagree with the carrier's decision to deny the requested procedure.

Rationale

The patient has continued pain some 14 months after the operation that it was hoped would relieve his discomfort. There is evidence on EMG and CT myelography that continued nerve root compromise may be present and could possibly be cared for with re-exploration and decompression of the nerve root, even if it requires removal of hardware. The extent of the operation would depend somewhat on the findings at the time of surgery.

This medical necessity decision by an Independent Review Organization 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 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) days of your receipt of this decision (28 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 a hearing should be sent to:
Chief Clerk of Proceedings, Texas Worker's Compensation Commission, P O Box 40669,
Austin, TX 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing this 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,