

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

July 10, 2002

Re: IRO Case # M2-02-0742

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 not medically necessary. Therefore, ___ agrees 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 39-year-old female who was injured on ___ when she was transporting 30 pound boxes. She developed back pain and multiple areas of pain which have persisted, including neck, upper back, low back and upper extremities pain.. Epidural steroid injections were not significantly beneficial. An MRI of the lumbar spine on 8/15/00 showed a small node at L3-4, and some questionable difficulty on the right side at L5-S1. A lumbar CT myelogram on 9/25/01 showed the same findings. Discography, probably performed in December 2001, according to a report of the discography report, showed concordant pain at L3-4 and L5-S1, apparently being negative for pain at L2-3 and L4-5.

Requested Service

360 fusion with pedicle screws and cages L3-4, L5-S1 with bone growth stimulator

Decision

I agree with the carrier's decision to deny the requested surgery.

Rationale

A two-level fusion, skipping one level between the fusion levels is asking for trouble at the non-fused level. Also, to pursue a major procedure with a significant possibility of not being successful, that is directed at only one area of discomfort in a patient with multiple areas of significant discomfort is not medically acceptable. There is no definite surgical pathology on imaging studies or physical exam that relates to the proposed levels of fusion. Concordant pain on discography is very difficult to depend on in patients with multiple complaints.

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,