

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

June 20, 2002

Re: IRO Case # M2-02-0770-01

Texas Workers' 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 care 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 62-year-old female who on ___ felt her back snap while lifting a case of cokes. She felt a sharp pain in her back, which persisted despite chiropractic treatment, physical therapy, epidural steroid injections and facet joint injections. An MRI of the lumbar spine showed a multiple-level degenerative disk disease, with mid-line herniation at the L4-5 level. On 1/8/98 a lumbar fusion was performed at the L3-4 and L4-5 levels for mechanical back pain, without neurological deficit. The patient's pain continued, and a CT myelogram showed probable fusion failure at the L3-4 level with significant degenerative disk disease change at the L5-S1 level. An MRI 1/25/02 showed multiple levels of disk herniation at the C5-6 level

anteriorly to the right, and some difficulty with a smaller disk herniation at C6-7 to the right side. The surgeon originally recommended surgery including fusion at L2-3, but in a note dated 3/15/02 the surgeon stated that L2-3 probably does not need to be fused.

Requested Service(s)

TLIF L2-3, L3-4, L4-5, L5-S1, Cardiac Nuclear stress test.

Decision

I disagree with the carrier's decision to deny the requested cardiac evaluation prior to a lumbar fusion, and lumbar re-exploration and fusion.

Rationale

This 62-year-old woman has a history of hypertension and smoking. As the surgical procedure recommended could be quite lengthy, cardiac evaluation is indicated, and a nuclear stress test is the preferred test.

The re-fusion will be less extensive than was initially requested, there being only the three lower levels of lumbar disk to be fused. The records indicate that there is distinct pathology in the form of instability potential at one or two of the previously-fused levels. There are also changes in the spine below those levels of fusion which could be causing significant discomfort. Fusion at the lower three levels may well be beneficial. Arachnoiditis should not be a problem if indeed stability is obtained.

This medical necessity decision regarding the requested treatment 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,

President