September 3, 2002

Re: Medical Dispute Resolution
MDR #: M2-02-0876-01
TWCC File #:
Injured Employee:
DOI: S#:
IRO Certificate No.: I RO 5055

Dear

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to IRI for an independent review. IRI has performed an independent review of the medical records to determine medical necessity. In performing this review, IRI 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 Orthopedic Surgery.

The physician reviewer AGREES with the determination made by the insurance carrier in this case. The reviewer is of the opinion that a laser assisted spinal endoscopy at L4-L5 is not medically necessary in this case.

I am the Secretary and General Counsel of Independent Review, Inc. 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 Independent Review, Inc. 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 3rd day of September 2002.

Sincerely,

Gilbert Prud'homme
Secretary & General Counsel

GP:thh
Enclosure

cc:

Texas Workers' Compensation Commission
Attention:
(512) 804-4871

MEDICAL CASE REVIEW

This is ___ M.D. for Independent Review, Incorporated, 1601 Rio Grande, Suite 420, Austin, Texas 78701. I have reviewed the medical information forwarded to me concerning TWCC Case File #M2-02-0876-01, in the area of Orthopedics. The following documents were presented and reviewed:

A. MEDICAL INFORMATION REVIEWED:

1. MRI of the lumbar spine done in February 2000 showing broad-based Disk bulge present on anterior thecal sac and extending laterally to create bilateral neuroforaminal narrowing. Also, postoperative findings are identified at the L5-S1 level.
2. Diskogram done 4/12/00 showing normal discography at L3-4, abnormal disk at L4-5.
3. Post-diskogram CT of the lumbar spine done 4/12/00 showing L3-4 disk unremarkable; broad L4-5 diskal protrusion with evidence of right posterolateral annular tear; and postoperative findings.
4. X-ray reports from September 2000 showing postoperative views, and the same from 2001.
5. EMG showing mild chronic bilateral L-5 and mild chronic bilateral S-1 nerve root irritation and partial chronic denervation and chronic radiculopathy without acute changes.
6. MRI of the lumbar spine done 9/18/01 which is essentially unchanged from the February 2000 study.
7. Physician's notes and physical exam notes which show the patient neurologically intact. He has straight-let raising positive findings but no objective findings.
8. Dr. Brownhill's Second Opinion IME, who feels the IDET procedure would be reasonable but does not agree with the lysis or Coblation treatment.
9. Articles sent to the insurance company by Dr. Ali Mohamed.

B. BRIEF CLINICAL HISTORY:

The patient sustained an injury on ___. He had some orthopedic work done, and he also hurt his back. The above-mentioned studies were done. He has had epidural injections. He has had general conservative treatment, and apparently had surgery which was a diskectomy and fusion, but I do not have the operative note.

The patient has done poorly, and has continued to complain of pain

C. DISPUTED SERVICE:

Laser spinal endoscopy.

D. Decision:

I AGREE WITH THE DECISION MADE BY THE INSURANCE CARRIER ON THIS CASE THAT THE PROCEDURE IS NOT NECESSARY.

E. RATIONALE OR BASIS FOR DECISION:

1. The literature on this procedure is equivocal, as are the opinions of practicing doctors.

2. The fact that the patient has already had one surgery and it did not help him make the chances that another surgical procedure helping him remote.

3. The results of this procedure are still equivocal.

F. DISCLAIMER:

The opinions rendered in this case are the opinions of this evaluator. This medical evaluation has been conducted on the basis of the docuementation 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.

_____

, M.D.

Date: 30 August 2002