

NOTICE OF INDEPENDENT REVIEW DECISION

August 7, 2002

Requestor

Respondent

American Casualty Company
Attention: Ron Withers
P.O. Box 139046
Dallas, TX 75381-9826

RE: Injured Worker:
MDR Tracking#: M2-02-0877-01
IRO Certificate#: IRO 4326

The Texas Medical Foundation (TMF) has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to TMF for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

TMF has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a TMF physician reviewer who is board certified in anesthesiology which is the same specialty as the treating physician. The TMF physician reviewer has signed a certification statement stating 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 the referral to TMF for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This 48 year old male sustained a work-related injury on ___ when he injured his lower back while torquing a bolt. The patient treated for facet syndrome and lumbar radiculopathy. An MRI performed on 02/02/02 revealed an L5-S1 disc protrusion. The treating neurosurgeon is recommending that the patient undergo a lumbar laminectomy with instrumentation of L5-S1

Requested Service(s)

Lumbar laminectomy with instrumentation of L5-S1.

Decision

It is determined that a lumbar laminectomy with instrumentation of L5-S1 is not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The patient's symptoms are consistent with lumbar disc pathology and the patient has failed conservative care. However, additional testing such as discography would be indicated prior to surgery because the available MRI reveals degeneration and a small protrusion without nerve root compromise. If discography is positive with appropriate symptom reproduction, then surgery would be indicated. Therefore, the lumbar laminectomy with instrumentation of L5-S1 is not medically necessary at this time.

This decision by the IRO is deemed to be a TWCC decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this 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 Proceeding within 10 (10) days of your receipt of this decision (20 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 Proceeding within 20 (twenty) days of your receipt of this decision (28 Tex. Admin Cod 148.3).

This Decision is deemed received by you 5(five) days after it was mailed (28 Tex. Admin Code 102.4 (4) or 102.5 (d)). A request for hearing should be sent to: Chief Clerk of Proceeding, Texas Workers' Compensation Commission, P.O. Box 40669, Austin, Texas 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 (Commission Rule 133.308 (t)(2)).

Sincerely,

Gordon B. Strom, Jr. MD
Director of Medical Assessment

GBS: vn

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Cc: Injured Worker
Medical Review Division, TWCC

In accordance with Comission Rule 102.4 (h), 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 7th day of August 2002

Signature of IRO Employee:

Printed Name of IRO Employee: