

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

August 17, 2002

Re: IRO Case # M2-02-0942-01

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 39-year-old male who was picking up trash cans on ___ developed back pain which soon radiated into his right lower extremity. This discomfort was not relieved with physical therapy or medication. An MRI on 11/3/99 showed L5-S1 degenerative disk disease with more left-sided trouble than right-sided trouble. The patient's discomfort was compatible with the findings on the MRI, and on 2/10/00 a lumbar laminectomy including an L5-S1 discectomy was performed. Postoperatively the patient initially did well, but then had recurrent difficulties, possibly contributed to by a fall 3/10/00 and a motor vehicle accident 5/17/00. The patient was treated with physical therapy, a TENS unit and epidural steroids, but significant discomfort continued. A

1/22/02 MRI shows an enhancing scar around the S1 nerve root which extends into the spinal canal at the L5-S1 levels. The other levels are described as not having significant pathology, and no disk herniation. The patient is diabetic and possibly has neuropathy, but this does not appear to significantly contribute to his discomfort.

Requested Service(s)

L5-S1 surgery involving decompression with possible lysis of adhesions around the S1 nerve root, and a lumbar interbody fusion

Decision

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

Rationale

The proposed L5-S1 operation could stabilize the patient's spine and could be very helpful in dealing with his trouble. A variety of measures have been tried over the past two years, and it is time for something more definitive. The proposed procedure may be what is necessary. Re exploration with attempts at lysis of adhesions has been tried for decades and is only transiently beneficial at best. Fusion in association with the procedure has shown some promise.

This medical necessity decision concerning 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,