

September 10, 2002

Re: Medical Dispute Resolution
MDR #: M2-02-0961-01
IRO Certificate No.: IRO 5055

Dear

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

The physician reviewer DISAGREES with the determination of the insurance carrier. The reviewer is of the opinion that L5-S1 posterior lumbar hardware removal, exploration and fusion and possible re-do fusion if pseudoarthrosis is found is medically necessary in this case.

I am the Secretary and General Counsel of ___ 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 ___ 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 10th day of September 2002.

Sincerely,

MEDICAL CASE REVIEW

This is for _____. I have reviewed the medical information forwarded to me concerning MDR #M2-02-0961-01, in the area of Orthopedic Spine Surgery. The following documents were presented and reviewed:

A. MEDICAL INFORMATION REVIEWED:

1. Request for review of denial of posterior lumbar hardware removal.
2. Correspondence.
3. History and physical and office notes.
4. Radiology reports.

B. BRIEF CLINICAL HISTORY:

The patient is an approximately 50-year-old male who underwent L5-S1 posterior fusion by _____ in _____ and developed a pseudoarthrosis postoperatively. The patient then saw _____ who, around July 2000, performed anterior fusion and revision of posterior L5-S1 fusion. In his

follow-ups in 2000, the patient had persistent back pain, and a hardware block was performed by radiology services on April 11, 2002, and this patient was able to obtain 80% relief of his usual pain with this block. Following this, a CT myelogram was performed on April 24, 2002, and this revealed a solid anterior and posterior fusions.

C. DISPUTED SERVICES:

L5-S1 posterior lumbar hardware removal, exploration and fusion, and possible re-do fusion if pseudoarthrosis found.

D. DECISION:

I DISAGREE WITH THE DETERMINATION OF THE INSURANCE CARRIER IN THIS CASE.

E. RATIONALE OR BASIS FOR DECISION:

If the patient did have his anterior fusion and revision of posterior L5-S1 fusion performed in July 2000, it has now been over two years since that time, and the fusion has had sufficient time to mature. The hardware block done in April 2002 yielded 80% relief of the patient's usual pain, and this indicates that hardware removal may be of benefit to reduce this patient's pain. CT myelogram done in April 2002 revealed solid anterior and posterior fusions, and more than likely a revision fusion will not be necessary.

However, in any situation where hardware removals are performed, if a pseudoarthrosis is incidentally found, despite prior imaging indicating solid fusion, re-do fusion would be indicated.

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 documentation 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.

Date: 6 September 2002