

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

August 19, 2002

Re: IRO Case # M2-02-0986-01

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 not medically necessary. Therefore, ___ agrees 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 47-year-old male who on ___ was pulling weeds and felt a pop in his back associated with pain in his back. The pain persisted despite physical therapy. There was some suggestion that the patient's mental status interfered somewhat with the physical therapy and the patient was released to home exercise in hopes that that would be beneficial. An MRI of the spine 8/2/01 showed degenerative disk disease changes at L3-4 primarily with some changes at L4-5. L3-4 changes associated with midline disk rupture and foraminal stenosis bilaterally was reported, but nothing definitive was reported regarding nerve root compression.

Requested Service(s)

L3-4 decompression with fusion

Decision

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

Rationale

The studies and clinical evidence provided for review do not show instability of the lumbar spine. If L3-4 were fused it would be medically probable that difficulties at the adjacent levels could develop, especially given that there are already degenerative disk disease changes at the L4-5 level. The patient's status might interfere with the reliability of discographic evaluation to determine concordant pain. If flexion and extension views of the lumbar spine, however, show significant instability at the L3-4 level only, the proposed procedure might be more seriously considered.

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,