

NOTICE OF INDEPENDENT REVIEW DECISION

August 23, 2002

RE: MDR Tracking #: M2-02-1074-01
IRO Certificate #: IRO 4326

The ___ 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 ___ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

___ 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 ___ physician reviewer who is board certified in orthopedic surgery which is the same specialty as the treating physician. The ___ 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 ___ 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 41 year old female sustained a work-related injury to her neck and lower back on ___ when she fell down a flight of stairs. Subsequent to this injury, she underwent a cervical fusion and discectomy. She also has a history of L4-S1 fusion performed in 1988. She was referred to an orthopedic surgeon for evaluation of persistent low back pain with radiation to the leg. The orthopedic surgeon's work-up and evaluation revealed that the hardware irritation was one of the sources of pain and recommended removal of posterior hardware, harvest iliac crest graft posteriorly, anterior lumbar discectomy and interbody fusion with Harmes cages and graft fusion.

Requested Service(s)

Removal of posterior hardware, harvest iliac crest graft posteriorly, anterior lumbar discectomy and interbody fusion with Harmes cages and graft fusion.

Decision

It has been determined that removal of posterior hardware, harvest iliac crest graft posteriorly, anterior lumbar discectomy and interbody fusion with Harmes cages and graft fusion is medically necessary.

Rationale/Basis for Decision

This patient has a past history of lumbar spine injury in ____ leading to instrumented fusion of L4-S1. This fusion was successful. In ____, the patient suffered C5-C6 herniated disc when she fell down a flight of stairs. In May 2001, she underwent ACDF at C5-C6. This fusion was successful. Both fusions were successful clinically as evidenced by relief of symptoms and radiographically, as evidenced by x-ray changes diagnostic of successful fusion.

A lumbar discogram on 05/10/02 revealed normal disc at L2-L3 and L3-L4, thus suggesting that extension of the fusion mass proximally would not likely achieve clinical success. During the performance of the discogram symptoms were elicited during the effort to enter the L4-L5 disc spaces and the procedure was discontinued, which suggests that possibly the residual L4-L5 disc space and the L5-S1 disc space are pain generators.

On 06/27/02 bilateral lumbar hardware injections were performed with the patient reporting substantial relief of symptoms, suggesting that removal of the posterior hardware could be successful clinically.

The patient has a proven past history of successful spine fusions. She has been intensively evaluated, including a psychological profile. Therefore, based on the documentation submitted for review, removal of posterior hardware, harvest iliac crest graft posteriorly, anterior lumbar disectomy and interbody fusion with Harmes cages and graft fusion is medically necessary.

This decision by the IRO is deemed to be a TWCC 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** (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 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 hearing should be sent to: Chief Clerk of Proceedings, Texas Workers' Compensation Commission, P.O. Box 40669, Austin, Texas, 78704-0012. **A copy of this decision should be attached to the request.**

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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,

cc: Rosalinda Lopez, Program Administrator, Medical Review Division, TWCC

In accordance with Commission 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 23rd day of August 2002.