

THIS DECISION HAS BEEN APPEALED. THE FOLLOWING
IS THE RELATED SOAH DECISION NUMBER: 453-03-1017.M2

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

September 24, 2002

Re: IRO Case # M2-02-1076

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 determination of the ___ reviewer who reviewed this case, based on the medical records provided, is as follows:

History

This case involves a now 49-year-old female who on ___ slipped and fell on an oily floor. She developed low back pain which soon extended into her lower extremities. A lumbar fusion at the L4-5 and L5-S1 levels, both interbody and lateral, along with pedicle screws was performed. The low back and lower extremity pain continued. The patient also has had persistent neck pain since the fall of ___. Examination and MRI failed to reveal and significant nerve root or spinal cord findings, but a discogram of the cervical spine showed problems at the C3-4, 4-5,5-6, and 6-7 levels, with concordant pain produced at the C3-4, 5-6 and 6-7 levels. There was significant pain at the C4-5 level, but it was not concordant, and the pain suggested significant disk disease present at C4-5.

Requested Service

Anterior cervical discectomy and fusion at the C5-6 and 6-7 levels

Decision

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

Rationale

Discographic evaluation was positive to some extent at multiple levels, including those not recommended for surgery. There is no evidence of spinal cord or nerve root compression as a source of the patient's difficulty. To pursue a major and possibly dangerous procedure with the prospect of not changing the patient's overall condition (which is disabling) would not be wise.

On 7/29/02 the patient was reported as having increasing leg discomfort, and epidural steroid injections were thought necessary to help relieve that problem. When both cervical and lumbar problems that produce pain are present, it is very unlikely that a surgical procedure in only one of those areas, with no more to go on than what is present in this case, would be of significant benefit.

This medical necessity decision 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,