

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

December 18, 2002

Re: IRO Case # M2-02-1094

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 IROs, 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 42-year-old female who in ___ fell and developed, back, neck and left arm pain. The left arm was taken care of, at least partially by 1995, and 1996 cervical procedures. Back pain has continued along with some left lower extremity pain, the back pain being more prominent in recent months. The patient has been treated with various medications, physical therapy and epidural steroid injections without benefit. An EMG on 5/30/01 showed left L4-5 radiculopathy, and an MRI of the lumbar spine 10/11/01 showed both L4-5 and L5-S1 difficulties. The L4-5 level, however, was the only one that produced concordant pain on discographic evaluation, and that is likely the primary source of her back pain, and probably her lower extremity pain is being contributed to by changes there as well.

Requested Service

Posterior lumbar interbody fusion L4-5

Decision

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

Rationale

There is evidence on discographic evaluation, EMG and MRI that changes in the L4-5 area of the lumbar spine are probably responsible for the patient's pain, and the proposed operation may well be helpful. Extensive conservative measures have failed in dealing with the patient's trouble.

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,