

November 22, 2002

Re: Medical Dispute Resolution  
MDR #: M2.02.1138.01  
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 who is trained and Board Qualified in Orthopedic/Spinal Surgery.

Clinical History:

This claimant is a 35-year-old male who has developed significant low back pain after a motor vehicle accident on his job on \_\_\_\_\_. He is an extremely motivated patient who has already tried multi-modality treatments, including aerobic and anaerobic activities, pain management, and anti-inflammatory agents. An MRI showed some disc degeneration at L4-5 and L5-S1, and discogram showed concordant pain at L4-5 and L5-S1.

After extensive conservative treatment, a neurosurgeon has proposed a two-level interbody fusion through the posterior approach, a PLIF, as the surgical option for treatment of this chronic low back pain.

Disputed Services:

L4-5 and L5-S1 posterior lumbar interbody fusion with pedicle screws.

Decision:

The reviewer disagrees with the determination of the insurance carrier. The reviewer is of the opinion that the requested procedure is medically necessary in this case.

Rationale for Decision:

This patient's physician has performed due diligence. He has targeted appropriately an MRI showing degenerative disc disease at two levels. A two-level discogram is positive, with a negative

control level. The patient has undergone extensive conservative modalities.

There is no evidence of the efficacy of epidural steroid injections in degenerative disc disease, only in spinal stenosis. At this point, that is not a reasonable portion of this patient's conservative treatment.

There has been a good history, and conservative treatment has been exhausted. Surgical workup has been prudent. The reviewer is of the opinion that the lumbar laminectomy with posterior lumbar interbody fusion with pedicle screws at these two levels is appropriate and medically necessary.

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 care for determination prior to referral to the Independent Review Organization.

We are simultaneously forwarding copies of this report to 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 November 22, 2002.

Sincerely,