

November 20, 2002

Re: Medical Dispute Resolution  
MDR #: M2.03.0001.01  
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 Board Certified in Orthopedic Surgery.

Clinical History:

The 56-year-old male claimant injured his back on the job on \_\_\_\_\_. Following conservative treatment, he had undergone a decompressive laminectomy at L3-4 and L4-5 bilaterally, and a discectomy at L-5 on 10/25/01. He also had a laminectomy at L5-S1. An incomplete MRI report describes a diffuse disc bulge at L3-4, L4-5 and L5-S1. Due to persistent back pain a BAK-cage fusion at L5-S1 bilaterally has been recommended.

The patient was not taking any medications for pain at the time of his examination when this procedure was recommended.

Disputed Services:

Bilateral decompressive laminectomy at L5-S1 with back-cage fusion.

Decision:

The reviewer agrees with the determination of the insurance carrier. The reviewer is of the opinion that the requested procedure is not medically necessary in this case.

Rationale for Decision:

The incomplete MRI report does not appear to reveal anything differentiating the pathology at the three levels. The records do not reflect a high degree of disability from the surgery, since the patient was on no medication at the time. There is insufficient data to explain why an arthrodesis is necessary at L5-S1. Based on the

MRI, the levels appear roughly the same. It would appear that the L5-S1 disc might not be the source of discomfort, but it might be coming more from the other discs in the areas where the laminectomy was carried out.

There is no other evidence to explain why an arthrodesis at L5-S1 (isolated) with BAK-cage is necessary, both from the data reviewed and from the absence of significant reported discomfort by the patient. If this surgery is to be considered, the reviewer is of the opinion that flexion/extension views of the spine should be done, as well as discograms from L2-3 through L5-S1 to include the normal level.

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 20, 2002.

Sincerely,