

September 27, 2002

**REVISED**

David Martinez  
TWCC Medical Dispute Resolution  
4000 IH 35 South, MS 48  
Austin, TX 78704

MDR Tracking #: M2 03 0011 01  
IRO #: 5251

\_\_\_ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this 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, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Medical Doctor who is board certified in Orthopedic Surgery. The \_\_\_ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors 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 the dispute.

CLINICAL HISTORY

\_\_\_ is a 45 year old gentleman who injured his lower back on \_\_\_ while employed as a custodian for \_\_\_. He was lifting heavy buckets up a stairwell when he developed a sudden onset of lower back pain which eventually progressed to bilateral lower extremity paresthesias and pain. He did undergo a discogram and post-discogram CT on April 1, 2002, which demonstrates degenerative disc disease with an annular tear at L4-L5.

The patient has had an EMG/Nerve Conduction Study on June 20, 2002, which was deemed to have been negative. This was performed by \_\_\_. He has undergone lumbar epidural steroid injections and bilateral L5-S1 facet joint injections performed by \_\_\_ without long term resolution.

Currently the patient is under the care of \_\_\_, a reconstructive spine surgeon in \_\_\_. He has recommended the patient undergo a translateral interbody fusion at L5-S1 due to low back pain and bilateral leg pain.

The patient has previously been treated with Celebrex, Skelaxin, Ultram, and isokenetic lumbar and abdominal exercises and aerobic conditioning without resolution. He has been treated by \_\_\_ in terms of physical medicine.

## REQUESTED SERVICE

Translateral Lumbar Interbody Fusion at L5-S1 with cardiac clearance.

## DECISION

The reviewer disagrees with the prior adverse determination regarding both the fusion and the cardiac clearance requests.

## BASIS FOR THE DECISION

The rationale for my decision is the standard of care for patients with persistent low back pain and intermittent leg pain which have failed conservative treatment. Please note that this patient has had adequate time of rest, physical therapy, anti-inflammatory medication and lumbar epidural steroid injections, but has persistent lower back pain and intermittent leg pain consistent with an L5-S1 degenerative disc disease and intermittent L5-S1 lumbar radiculitis. Thus, the combination of leg pain and back pain would justify a decompression and fusion with or without instrumentation to include interbody or posterolateral fusion or both

As an officer of \_\_\_\_, I certify that there is no known conflict between the reviewer, \_\_\_\_ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

\_\_\_\_ is forwarding by mail and, in the case of time sensitive matters by facsimile, a copy of this finding to the treating doctor, payor and/or URA, patient and the TDI/TWCC.

Sincerely,

## **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.

In the case of prospective *spinal surgery* decision, a request for a hearing must be made in writing and it must be received by the TWCC Chief Clerk of Proceedings within 10 days of your receipt of this decision. (20 Tex. Admin. Code 142.5(c)).

In the case of other *prospective (preauthorization) medical necessity* disputes 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, per TWCC rule 133.308(t)(2).