

NOTICE OF INDEPENDENT REVIEW DECISION

December 26, 2002

RE: MDR Tracking #: M2-03-0017-01-SS
IRO Certificate #: IRO 4326

The ___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced 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, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a ___ physician reviewer who is board certified in orthopedic surgery which is the same specialty as the treating physician. The ___ physician reviewer has signed a certification statement stating 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 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 this case.

Clinical History

This 40 year old male sustained a work-related injury on ___ when he was shoveling soft ground and struck a sharp object with his shovel. The patient felt pain to his lower back and left leg. The patient was treated with 8 weeks of rehabilitation and a home exercise program. An MRI performed on 10/02/01 revealed a posterior central disc protrusion/herniation at L5-S1 and a posterior discal herniation at L4-5 pressing against the anterior thecal sac with associated posterior central annular tear. Electromyography and nerve conduction velocity studies of the bilateral lower extremities revealed left S1 radiculopathy. The treating orthopedic surgeon has recommended that the patient undergo a lumbar laminectomy with fusion, internal fixation, bone graft, and application of a bone growth stimulator.

Requested Service(s)

Lumbar laminectomy with fusion, internal fixation, bone graft, and application of a bone growth stimulator.

Decision

It is determined that the lumbar laminectomy with fusion, internal fixation, bone graft, and application of a bone growth stimulator is not medically indicated to treat this patient's condition.

Rationale/Basis for Decision

Based on medical record documentation, this patient has no evidence of spinal instability that would indicate the medical necessity of the described procedure. Therefore, the lumbar laminectomy with fusion, internal fixation, bone graft, and application of a bone growth stimulator is not medically necessary.

This decision by the IRO is deemed to be a TWCC 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** (10) days of your receipt of this decision (20 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 hearing should be sent to: Chief Clerk of Proceedings, Texas Workers' Compensation Commission, P.O. Box 40669, Austin, Texas, 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 (Commission Rule 133.308 (t)(2)).

Sincerely,

cc: Rosalinda Lopez, Program Administrator, Medical Review Division, TWCC