

September 30, 2002

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

MDR Tracking #: M2 03 0047 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 with a specialty in Adult and Pediatric Neurosurgery and who is board certified in Neurosurgery. 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

The patient is a 56 year old gentleman who sustained a work related injury on the date of ___ while lifting material at work. He was initially treated conservatively with oral medications for a lumbar strain, as well as with heat and a lumbar corset. He as well underwent a course of physical therapy. He subsequently developed pain radiating down the left lower extremity. MRI of the lumbosacral spine revealed a 3 mm broad based posterior subligamentous protrusion with a mild bilateral foraminal narrowing at L3-L4 as well as a 4 mm posterior central right and left paracentral subligamentous herniations moderately indenting the thecal sac with mild bilateral foraminal narrowing, as well as a 4 mm left paracentral subligamentous herniations abutting the S1 nerve roots with mild bilateral foraminal narrowing. Epidural steroid injections failed to alleviate this gentleman's post-traumatic left lumbosacral radicular syndrome and clinical examination demonstrated weakness of the left extensor hallicus longis. A subsequent lumbar myelogram and high resolution post-myelogram CT scan revealed at L4-L5 a left lateralizing disc protrusion measuring 4 mm with moderate thickening of the ligamentum flavum and hypertrophy of the facet joints creating mild to moderate circumferential central spinal canal stenosis and bilateral lateral recess stenosis at the level of L4-L5. At the L5-S1 level a calcified right lateral disc protrusion measuring 8 mm compressing the right L5 nerve root was identified with as well a minimal disc bulge abutting the S1 nerve root sleeve without central spinal canal stenosis.

REQUESTED SERVICE

Lumbar Laminectomy at L4-L5.

DECISION

The reviewer disagrees with the prior adverse determination.

BASIS FOR THE DECISION

I believe that care standards mandate that this gentleman, who has at this point failed extensive conservative management for a post-traumatic clinical left L5 radicular dysfunction, undergo lumbar decompression in the form of L4-L5 laminectomy. I believe the clinical and neuroradiographic findings demonstrated on the lumbar myelogram and high resolution post-myelogram CT scan are consistent with a left lateralizing L4-L5 disc syndrome. These findings are crystallized and clarified on the lumbar myelogram and high resolution post-myelogram CT scan which is frequently used as a test to fine tune and hone in on findings initially seen on screening MRI as seen in this case. I therefore believe that in light of the treatment history, the clinical syndrome and the findings on the lumbar myelogram and high resolution post-myelogram CT scan, which is the most sensitive and specific radiographic test with reference to the lumbosacral spine, that this gentleman should undergo lumbar laminectomy at the level of L4-L5.

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).