

October 29, 2002

Re: Medical Dispute Resolution
MDR #: M2.03.0055.01.SS
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 Board Eligible in Spine Surgery.

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 case 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.

Clinical History:

This 34-year-old man was injured on ___ on his job as a pipefitter. He was initially treated by a Physical Medicine and Rehabilitation specialist with trigger point injections, massage and anti-inflammatory medications, and was referred for physical therapy. A neurosurgeon recommended the below-listed procedures.

Disputed Services:

Decompressive lumbar laminectomy at L5-S1 with posterior lateral interbody fusion, posterolateral fusion, Brantigan cages, TCR cages, TiMX pedicle screws and Dynagraft.

Decision:

The reviewer agrees with the determination of the insurance carrier. The reviewer is of the opinion that the requested procedures are not medically necessary.

Rationale for Decision:

Most of the literature concerning surgery for discogenic low back pain entails a concordant discogram, which the patient has, a concordant MRI, which the patient also has but it only shows mild degeneration at L5-S1. The discogram does show morphologic abnormalities.

A patient who is being considered for a fusion for discogenic back pain should undergo, fully complete, and yet fail to get pain relief from, a full course of lumbar stabilization exercises, physical rehabilitation, work hardening, and increased aerobic conditioning. Typically, patients need to undergo at least six months of true conservative therapy. The records provided did not indicate that, at the point of denial, he had had such treatment; however, these treatments may have been accomplished since that time.

In addition, the reviewer saw no indication in the request from the surgeon for any sort of iliac crest bone graft material, allograft bone graft material. The only graft material requested is Dynagraft, which, as a sole bone graft material, is unlikely to lead to a good fusion, even with a posterior lumbar interbody fusion technique.

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 October 29, 2002.

Sincerely,