

October 14, 2002

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

MDR Tracking #: M2-03-0058-01-SS  
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.

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 53 year old woman who injured herself when she fell out of a gun tower at the state prison on \_\_\_. Records indicate that the patient injured her neck, right shoulder and lower back. After failing conservative treatment for cervical pain she underwent a three level anterior cervical fusion and instrumentation. Because of persistent pain she underwent a posterior fusion of the cervical spine. She does have residual symptoms. She has also undergone a right shoulder subacromial decompression. The patient has been treated by \_\_\_, a neurosurgeon in \_\_\_.

\_\_\_ has been treated with anti-inflammatory medicines, narcotic analgesics, and muscle relaxers regarding her lower back pain. Records indicated that she had a lumbar myelogram on June 6, 2000 at \_\_\_. This demonstrated degenerative disc disease at L4-L5 with mild disc bulging from L1-L4 with an extra dural defect located on the right of L4-L5.

Records also indicate that she has seen \_\_\_\_, a neurologist in \_\_\_\_ on September 12, 2002. His note demonstrates that the patient has persistent neck pain and right shoulder pain. She is disabled from her job as a security guard. She has residual back pain and right leg pain with parathesis. She has quit smoking and drinking socially. She is allergic to morphine. Currently she is taking Vioxx, Hydrocodone, and lotensin. She requires ambien to sleep. It is \_\_\_\_ opinion that the patient would not benefit from further surgery regarding her neuropathic pain type symptoms. He recommended Elavil.

#### REQUESTED SERVICE

Repeat lumbar MRI with lumbar laminectomy, decompression, fusion, instrumentation and a 2 day inpatient stay.

#### DECISION

The reviewer agrees in part and disagrees in part with the previous adverse determination.

#### BASIS FOR THE DECISION

Records indicate that the patient is complaining of persistent lower back pain with intermittent right leg pain. In light of this **I would recommend the patient undergo a repeat MRI or CT myelogram** of the lumbar spine to eliminate lumbar pathology. Prior to undergoing a laminectomy, decompression and fusion with instrumentation I think this patient should be evaluated for possible lumbar epidural steroid injections. If the diagnostic studies demonstrate significant pathology at L4-L5 and she fails lumbar epidural steroid injections, then and only then would laminectomy, decompression and fusion with instrumentation be warranted in this patient.

The decision is based on the fact that the patient demonstrates degenerative lumbar disc disease with only intermittent lumbar radiculitis. It is also noted that the patient had two major surgeries to her cervical spine for similar conditions and have not improved as expected. There is evidence of chronic pain syndrome regarding her neck conditions as well as superimposed depression. These two conditions, i.e. depression and chronic pain syndrome, is not a positive predictor for a success of lumbar surgery specifically for mechanical low back pain.

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).