

NOTICE OF INDEPENDENT REVIEW DECISION

November 15, 2002

RE: MDR Tracking #: M2-03-0077-01-SS
IRO Certificate #: 4326

___ 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 34 year old male sustained a work related injury on ___ when he suffered injury to his lower back. An MRI of the lower spine performed on 12/17/01 revealed dehydration of L4-L5 with a 2mm protrusion and dehydration of L5-S1 with a 3 to 4mm protrusion of the disc. A discogram was performed on 07/19/02, which revealed concordant low back pain at L5-S1 with a posterior annular tear at L5-S1 with extravasation. A post CT scan revealed a herniated nucleus pulposus (HNP) at L5-S1 and a posterior radial annular tear at L4-L5. The treating physician has recommended that the patient undergo a posterior lumbar interbody fusion (PLIF).

Requested Service(s)

Two level posterior lumbar interbody fusion.

Decision

It is determined the two level posterior lumbar interbody fusion is not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The medical record documentation does not substantiate the medical necessity for a two level PLIF. The medical record documentation does not indicate the form of therapy provided to the patient. There is no mention of when and where the patient received epidural steroid injections or whether or not they were effective. There is no mention of the modalities offered by physical therapy, what exercises were taught and whether or not a home program was initiated. There is no mention of lumbar support or bracing. Therefore, a two level PLIF 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,