

## NOTICE OF INDEPENDENT REVIEW DECISION

October 31, 2002

RE: MDR Tracking #: M2-03-0088-01  
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 physical medicine and rehabilitation 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 37 year old male sustained a work-related injury on \_\_\_ when he fell from a vehicle and twisted his lumbar spine. A lumbar MRI was performed on 01/05/01, which revealed the following:

1. Multi-level degenerative desiccation of the intervertebral disk.
2. At L3-4 there is desiccation without bulging, disk herniation, or annular tear.
3. At L4-5 there is an extreme left lateral disk herniation or protrusion with annular tear and moderate narrowing of the intervertebral disk space level. No central spinal canal stenosis is seen at this level.
4. At L5-S1 there is a paramedian disk herniation or extrusion. The extruded fragment extends inferior to the disk level and occupies one-third of the sacral spinal canal.
5. There is no bony central spinal canal stenosis.

A lumbar myelogram was performed on 02/02/01 that indicated a minimal anterior indentation between L4-5 and between L5-S1 as seen on a lateral projection. There were no significant extradural defects or other abnormalities identified. On 03/09/01, the patient underwent a lumbar laminectomy at L5-S1, interspace discectomy and decompression of the S1 nerve root of the left side via foraminotomy.

A lumbar MRI with and without contrast was performed on 12/07/01 that revealed the following:

1. Post-left hemilaminotomy at L5-S1 without evidence of recurrent disk herniation.
2. There is facet arthropathy at L5-S1 with marked recess stenosis, left more prominent than the right and minimal neuroforaminal stenosis.
3. There is a small subarticular, left lateral disk herniation protrusion at L4-5, which has been previously described and unchanged as compared with the 01/05/01 examination.

-----  
Requested Service(s)

Repeat lumbar MRI with gadolinium

Decision

It is determined that a repeat lumbar MRI with gadolinium is not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

This patient has undergone appropriate pre-surgical evaluation leading up to surgery on 03/09/01. Because of suspected continuation of problems or possibility of a re-herniation, a post-surgical MRI with and without contrast was performed on 12/07/01. There is now a request for a repeat post-surgical MRI with and without contrast. There is no indication within the medical record documentation that the first post-surgical MRI was reviewed prior to making this decision. The medical record documentation does not indicate that the patient is experiencing any clinical status changes or objective structural changes following the post-surgical MRI of 12/07/01. There is no indication that the results of a repeat post-surgical MRI would provide any information that was not present on the first post-surgical MRI. In addition, there is no indication that a repeat MRI would result in any alteration of the treatment plan or assist in making any further treatment options for the patient. Therefore, the repeat MRI with gadolinium 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,