

**IRO Certificate #4599**

**NOTICE OF INDEPENDENT REVIEW DECISION**

October 22, 2002

**Re: IRO Case # M2-03-0113-01**

Texas Worker's Compensation Commission:

\_\_\_ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to \_\_\_ for an independent review. \_\_\_ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, \_\_\_ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Neurological Surgery. He or she has signed a certification statement attesting 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 referral to \_\_\_ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the \_\_\_ reviewer who reviewed this case, based on the medical records provided, is as follows:

History

The patient is a now 52-year-old male who slipped and fell in \_\_\_\_. He hit his right knee and also developed low back pain. He was treated with anti inflammatories and physical therapy, but the back pain continued. He was thought intact on neurologic exam. An MRI on 3/5/01 showed chronic changes with no herniated disk present and no reason for nerve root compression. Continued physical therapy, including aquatic therapy, was unsuccessful. Lumbar myelography on 6/13/02 showed no significant findings from a surgical standpoint on the plain films. While some bulging at L2-3 and L3-4 is shown on those films, the subsequent CT with contrast failed to reveal any more trouble there than at other levels, with no level being significant from a surgical standpoint and nothing corresponding to the minimal findings on physical examination.

Requested Service

Laminectomy

Decision

I agree with the carrier's decision to deny the requested surgery.

Rationale

The CT myelogram failed to reveal anything which would suggest a reason for surgery. The findings present are thought to be those found frequently on patients who are essentially asymptomatic. These changes are like those often seen in 52-year-olds that have had rather chronic wear and tear on their back. Nothing potentially surgically correctable has been seen on any of the examinations or tests performed.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission 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** (ten) days of your receipt of this decision (28 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 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 (Commission Rule 133.308(t)(2)).

Sincerely,