

October 31, 2002

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

MDR Tracking #: M2-03-0171-01  
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.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed MD specialized and 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 44-year-old woman who injured her lower back on \_\_\_. At the time, she was employed as a laborer for \_\_\_ and she was bending over to pick up some boxes of trash from a pallet. As she was bending over, she had sudden pain in her lower back.

\_\_\_ initially reported her injury to her supervisor. She was seen by a local physician who prescribed physical therapy. The patient came under the care of \_\_\_. He ordered a MRI of the lumbar spine and x-rays. The MRI demonstrated multi-level degenerative disc disease of the lumbar spine.

\_\_\_ underwent pain management to include three epidural steroid injections that provided only temporary relief.

She was then referred to \_\_\_, an orthopedic spine surgeon who recommended a surgical decompression from L1-S1. The patient has undergone a TWCC second opinion process and was denied.

\_\_\_ has had a lumbar CT myelogram that demonstrated multi-level degenerative disc disease from L2-S1. She has a defused posterior disc herniation from L4-L5 and L5-S1. She has spinal stenosis at L2-L3 and foraminal stenosis at L3-L4.

The patient has had an EMG/Nerve Conduction Study of the lower extremities that demonstrates electromyographic evidence of a right-sided L4 through L5-S1 radiculopathy.

In addition to the epidural steroid injections, the patient has undergone an IDET procedure with no long-term decrease in pain.

\_\_\_, performed an independent medical examination on August 1, 2002. It was his opinion the patient has reached maximum medical improvement with a 5% whole person impairment. He does state that the patient has ongoing pain. He states that the patient had a lumbar strain with pre-existing lumbar degenerative disc disease and pre-existing spinal stenosis of the lumbar spine.

#### REQUESTED SERVICE

A lumbar laminectomy is requested for \_\_\_.

#### DECISION

The reviewer disagrees with the prior adverse determination.

#### BASIS FOR THE DECISION

\_\_\_ is a 44-year-old woman who sustained an acute lumbar strain/sprain and aggravation of pre-existing multi-level lumbar degenerative disc disease and lumbar spondylosis in a work-related injury on \_\_\_. This patient has undergone extensive conservative treatment to include physical therapy, non-steroidal anti-inflammatory medicine, lumbar epidural steroid injections, IDET procedure, and supportive physical therapy. She has not resolved her symptoms.

The reviewer finds that she has met the medical necessity required for the proposed lumbar laminectomy as delineated by \_\_\_. Please note this patient has been thoroughly treated with conservative methods with no relief of symptoms. Her lumbar CT myelogram, lumbar MRI, and EMG/Nerve Conduction Study of the lower extremities confirm multi-level degenerative disc disease of the lumbar spine. Given this information, the next logical step would be the proposed lumbar laminectomy.

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 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).