

**IRO Certificate #4599**

**NOTICE OF INDEPENDENT REVIEW DECISION**

December 6, 2002

**Re: IRO Case # M2-03-0173**

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 65-year-old male diabetic who in \_\_\_ slipped and hit his back against the edge of a dock and landed on the ground. The patient was treated with physical therapy without benefit. A 4/15/99 MRI showed bulging disks at L2-3, L3-4, L4-5, L5-S1.

There was some protrusion to the left at L4-5. After multiple injections and physical therapy the patient continues to have significant discomfort, primarily in the back. A repeat MRI 4/9/02 again showed multiple levels of involvement with what is described as enhanced epidural fibrosis. The last epidural procedure reported was accompanied by peripheral nerve blocks. Apparently this was not of significant benefit, and it was suggested that the patient have open coblation nucleoplasty. There is nothing in the records provided for this review regarding laser surgery at the L4-5, L5-S1 levels.

Requested Service

Laser assisted spinal endoscopy at L4-5 and L5-S1

Decision

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

Rationale

Discography and other studies have shown multiple levels of involvement, including levels other than the proposed surgical levels. Work on the intervertebral disk will doubtfully be of benefit in dealing with what may be the main producer of the symptoms—that being the epidural fibrosis that is present. In my experience, in pursuing lumbar intervertebral disk surgery with laser, success is very frequently not obtained when multiple levels are involved.

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,