

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

December 28, 2002

Re: IRO Case # M2-03-0183

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, Rule 133.308 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 41-year-old male who in ___ was lifting heavy boxes and developed back pain. He continued to work, but three weeks later he went to the emergency room because his back pain extended into the lower extremities, especially on the right side. The pain continued, and an MRI of the lumbar spine was done on 8/16/01, which suggested right sided L5-S1 difficulties with possible nerve root compression secondary to disk changes. Abnormal findings were present on discography with CT scanning on 6/4/02. Epidural steroid injections in the lumbar spine have been tried on three occasions and have been associated with transient relief of pain, but nothing permanent. It is significant that there was transient relief with this procedure because this would indicate the possibility of nerve root difficulties secondary to changes in the spine, more than primary problems such as instability or discogenic pain.

Requested Service

Decompressive lumbar laminectomy, discectomy fusion, possible cages

Decision

I agree with the carrier's decision to deny the extensive lumbar procedure with fusion that has been recommended.

Rationale

An open procedure should not be considered without thorough patient consultation and informed consent. The patient should understand that this procedure might have to be followed by a more extensive procedure including fusion. The simplest procedure with less in the way of potential morbidity may well be beneficial enough for this patient to return to gainful pursuits. Weight loss should also be emphasized. It is fairly likely that with complete informed consent-- which would include the fact that for the operative procedure being considered the various factors that are generally associated with a very high percentage of good results, are not present here—the patient may well decide on continued conservative management only at this point.

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,