

NOTICE OF INDEPENDENT REVIEW DECISION

January 8, 2003

RE: MDR Tracking #: M2-03-0226-01-SS
IRO Certificate #: IRO 4326

The ___ 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 neurosurgery 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 51 year old male sustained a work-related injury on ___ when he stepped into a ventilation duct opening and injured his left side and lower back. The patient was post microscopic transtubular discectomy of the left L4-5 on 02/21/00. An MRI was performed on 08/01/01 and the patient was treated with analgesics, muscle relaxants, and physical therapy. He has also undergone two epidural steroid injections. The treating physician has recommended that the patient undergo a re-explore laminectomy and posterior lateral fusion with instrumentation.

Requested Service(s)

Re-explore laminectomy and posterior lateral fusion with instrumentation.

Decision

It is determined that the re-explore laminectomy and posterior lateral fusion with instrumentation is not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The longstanding degenerative changes of the lumbar spine are clearly described however, the severity of these changes in relation to impingement upon his spinal canal and the exiting intravertebral foramina does not appear to be severe. The report of a pre-injury MRI (11/24/99) and post-injury (08/01/01) scan showed no significant change in the degenerative changes of the lumbar spine, only that a laminectomy at L4-5 on the left had been performed (02/21/00). The post surgical changes are unremarkable. The electrodiagnostic studies performed on 09/07/01 did not show any abnormalities in the lower extremities. Repetitive neurologic and orthopedic physical examinations do not demonstrate neurologic or orthopedic deficits. The lumbar discogram, which produced concordant pain at all five levels tested, did not include a normal disc injection for comparison. The potential benefits of the proposed surgery do not justify the magnitude of the procedure and the procedure is not medically indicated under these circumstances. Therefore, the re-explore laminectomy and posterior lateral fusion with instrumentation 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,

cc: Rosalinda Lopez, Program Administrator, Medical Review Division, TWCC

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| In accordance with Commission Rule 102.4 (h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 8 th day of January 2003. |
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