

NOTICE OF INDEPENDENT REVIEW DECISION

November 21, 2002

RE: MDR Tracking #: M2-03-0233-01
IRO Certificate #: 4326

___ 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 32 year old male sustained a work related injury on ___ when he was moving plywood planks and twisted his body, straining his lower back. An MRI revealed a disc desiccation at L4-5 producing minimal posterior bulge without any narrowing of the central spinal canal. EMGs and nerve conduction studies revealed some mild L5 radiculopathy. A lumbar discogram was performed on 05/04/00. The patient has undergone epidural steroid injections as well as an IDET procedure with no relief of his symptoms. The treating physician is recommending that the patient undergo a lumbar laminectomy with discectomy at L4-5.

Requested Service(s)

Lumbar laminectomy with discectomy at L4-5

Decision

It is determined that the proposed lumbar laminectomy with discectomy is not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

Based on the medical record documentation, the proposed lumbar laminectomy with discectomy is not the appropriate procedure to treat this patient's condition. Given this patient's clinical picture, a fusion procedure would be the most likely procedure to treat his condition. Further evaluation in the form of a repeat discogram would be appropriate to detect the affected spinal level prior to proceeding with surgical intervention. Therefore, it is determined that the proposed lumbar laminectomy with discectomy 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,