

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

March 6, 2003

Re: IRO Case # M2-03-0238

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 48-year-old male who in ___ fell about twelve feet, landing on a steel deck. He developed various pains, but the primary persistent discomfort was in the low back, with some lower extremity discomfort. He continued to work for two weeks after the injury. He then was treated with medications and chiropractic treatment. An EMG on 6/19/01 showed a left L5 radiculopathy. The patient's history includes two pre-injury lumbar laminectomies, with at least one of these at the L5 level on the left side. Epidural steroid injections on 8/24/01 and 10/18/01 were of no significant help. A lumbar CT myelogram on 12/20/01 showed a defect at the L5-S1 level on the left side. How much of that was secondary to scarring is difficult to determine.

Requested Service

Posterior lumbar interbody fusion L5-S1 with cages

Decision

I disagree with the carrier's decision to deny the requested operative procedure.

Rationale

The patient has had previous difficulties requiring surgery at the level of the proposed surgery. If a surgical procedure on the patient's spine is going to be done at that level, the potential of instability is such that a fusion should be done in association with any operative procedure. I assume that the surgeon will make sure to explore the L5 nerve root as much as possible, both at L4-5 and L5-S1 levels at the time of the surgical procedure. Conservative measures have been exhausted, and although the circumstances are somewhat borderline, the procedure is indicated as long as the patient is aware that there is no guarantee it will resolve his problem.

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,

In accordance with Commission Rule 102.4 (b), I hereby certify that a copy of this Independent Review Organization (IRO) decision was sent to the carrier and the requestor or claimant via facsimile or US Postal Service from the office of the IRO on this 12th day of March 2003.