

January 13, 2003

Re: Medical Dispute Resolution  
MDR #: M2-03-0246-01  
IRO Certificate No.: IRO 5055

Dear:

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to \_\_\_ for an independent review. \_\_\_ has performed an independent review of the medical records to determine medical necessity. In performing this review, \_\_\_ reviewed relevant medical records, any documents provided by the parties referenced below, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is Board Certified in Orthopedic Spine Surgery.

I am the Secretary and General Counsel of \_\_\_ and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

We are simultaneously forwarding copies of this report to the payor and the Texas Workers' Compensation Commission. This decision by \_\_\_ is deemed to be a Commission decision and order.

Clinical History:

This 49-year-old male claimant suffered a job-related injury on \_\_\_\_\_. He complains of persistent back pain that extends into both lower extremities. At times, his legs feel tired, but walking relieves the pain. The Exam showed negative straight-leg raising tests and no definite neurologic deficit, primarily pain and discomfort on motion of the back.

Disputed Services:

Lumbar laminectomy.

Decision:

The reviewer agrees with the determination of the insurance carrier. The reviewer is of the opinion that the procedure in question is not medically necessary in this case.

Rationale for Decision:

This patient presents a pain pattern more of mechanical back pain than of nerve root compression, atypical of pain due to stenosis in that the pain is relieved, rather than aggravated by walking. The very limited description of the back exam contains no description of nerve root tension signs to substantiate nerve root compression by a herniated disc. The MRI scan shows facet arthritis at three levels, with disc degeneration but no localized actual herniation and only mild stenosis. The diagnosis of herniated disc is not substantiated by the MRI scan.

This patient has a multi-level problem, with a high probability of long-term back pain in a laboring man. However, the likelihood of any significant improvement from a laminectomy and discectomy is very slim in the absence of focal signs and symptoms of nerve root compression. Back pain is rarely improved by decompressive-type surgery, which is normally done to relieve nerve root pressure.

**YOUR RIGHT TO REQUEST A HEARING**

Either party to this medical dispute may disagree with all or part of this 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 ten (10) days of your receipt of this decision (28 Tex. Admin. Code 142.5©).

**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 twenty (20) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you **five (5) 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 Workers' Compensation Commission  
P.O. Box 40669  
Austin, TX 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.

**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 January 13, 2003.**

Sincerely,