

NOTICE OF INDEPENDENT REVIEW DECISION

December 23, 2002

RE: MDR Tracking #: M2-03-0289-01
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 anesthesiology 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 66 year old male sustained a work related injury on ___ when he slipped and fell on his buttocks, striking the back of his head. An MRI performed on 04/15/99 and again on 04/09/02 revealed multilevel discal pathology involving the L2-3, L3-4, L4-5, and L5-S1 levels with enhancing epidural fibrosis. The patient continues to complain of muscle spasms and tenderness of the lower back and the treating physician has recommended that the patient undergo a laser assisted spinal endoscopy (LASE).

Requested Service(s)

LASE

Decision

It is determined that the LASE procedure is not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

LASE is a promising minimally invasive treatment for patients with radicular pain from discogenic origin. However, this patient has multiple diagnoses that include lumbar facet syndrome, myofascial pain syndrome, and sacroiliitis. These latter conditions would not benefit from the LASE procedure. This is complicated by the psychological evaluation performed on 04/20/02 that refers to a significant somatization component to this patient's pain complaint. LASE is not the recommended procedure with this multiplicity of diagnoses and psychological profile. Therefore, it is determined that the LASE is not 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

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 23 rd day of December 2002.
