

February 18, 2003

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M2-03-0305-01

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). ___ IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to ___ for independent review in accordance with this Rule.

___ has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing physician on ___ external review panel. This physician is a board certified neurosurgeon. ___ physician reviewer signed a statement certifying that no known conflicts of interest exist between this physician and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to ___ for independent review. In addition, ___ physician reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a male who sustained a work related injury on ___. The patient reported that while at work he was holding a piece of equipment when he started to feel fairly sudden severe pain in his lower back. The patient was treated with four weeks of physical therapy, electrical stimulation, oral pain medications, and lumbar epidural steroid injections. The patient also underwent an MRI in 1997 and on 6/13/02.

Requested Services

Thoracic Spine Decompression at T11-T12.

Decision

The Carrier's denial of authorization for the requested services is upheld.

Rationale/Basis for Decision

___ physician reviewer indicated that this patient sustained a work related injury to his back on ___. ___ physician reviewer also indicated that the patient has been treated with physical therapy, electrical stimulation, oral pain medications, and lumbar epidural steroid injections. ___ physician reviewer further indicated the patient has undergone an MRI in 1997 and 6/13/02. ___ physician reviewer explained that the documentation provided did not contain any objective evidence of myelopathy. ___ physician reviewer also explained that Decompression Laminectomy is not indicated for back pain. (Benzel: Complication Avoidance in Spine Surgery; 1999). Therefore, ___ physician consultant has concluded that the requested Thoracic Spine Decompression T11-T12 is not medically necessary to treat this patient's condition at this time.

This decision 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 (ten)** 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 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. (Commission Rule 133.308(t)(2)).

Sincerely,

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor 18th day of February 2003.