

January 9, 2003

Re: Medical Dispute Resolution
MDR #: M2-03-0378-01
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 Medicine.

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 claimant is a 60-year-old gentleman with a history of increasingly severe back pain that shoots down his thighs and legs on the left side greater than the right side following an on-the-job injury on ___.

Disputed Services:

Transforaminal lumbar interbody fusion at L3-4.

Decision:

The reviewer disagrees with the determination of the insurance carrier. The reviewer is of the opinion that the requested procedure is medically necessary in this case.

Rationale for Decision:

A CT myelogram dated 03/22/01 revealed L3-4 severe subarticular stenosis, left greater than right hand side. There is also a report of an MRI dated 09/17/02 that reveals L3-4 canal stenosis with severe L-3 bilateral neuroforaminal stenosis. Based on this history and the imaging results, decompression, instrumentation and fusion with transforaminal lumbar interbody fusion would offer relief to this patient's severe back and bilateral thigh and leg pain.

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 9, 2003.

Sincerely,