

January 15, 2003

Re: Medical Dispute Resolution
MDR #: M2-03-0457-01
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 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 male claimant suffered an on-the-job injury on ____. After conservative treatment failed, he underwent microdiscectomy at L5-S1 on 10/06/01. This procedure also failed to give him relief of his back pain, but did help improve his leg pain. He has had multiple blocks, treatments and evaluations. A positive discogram indicates pathology at L5-S1.

Disputed Services:

Anterior lumbar fusion at L5-S1.

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:

This patient had a prior discectomy at L5-S1, which comprises either an anterior or posterior exposure. The discectomy resulted in failure of relief of the patient's back symptoms. A discogram on 09/23/02 was positive at L5-S1 level with concordant discomfort at the left of his previous discectomy, but the adjacent discs were normal. Although the literature quotes widely the validity of a discogram as a predictor of diagnosis, the patient, nevertheless, had a positive discogram at the L5-S1 level.

The anterior fusion appears to be reasonable and necessary. In some cases, spinal surgeons feel that anterior interbody fusion is always combined with a posterior instrumentation; but, other surgeons feel that anterior interbody fusion done alone will suffice and stand alone in the absence of significant instability. There is no indication of significant instability in this patient. The treating doctor does mention the need for anterior approach due to the fact that the patient had previous surgery from a posterior approach, which compromises the ease of access.

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 15, 2003.

Sincerely,