

NOTICE OF INDEPENDENT REVIEW DECISION

April 24, 2003

RE: MDR Tracking #: M2-03-0479-01
IRO Certificate #: IRO4326

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 pain management 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 patient sustained a back injury ___ while removing sheet rock from an elevator shaft. The weight of the sheet rock shifted causing him to experience a pop in his low back. The patient does not have significant leg pain or numbness nor change in bowel or bladder habits. Also, the patient does not have any complaints of sciatica and the straight leg test exam was negative. He has had three epidural steroid injections that were helpful. A lumbar MRI on June 14, 2002 revealed disc protrusions at L4-5 and L5-S1 with mild to moderate spinal stenosis present at both levels. A surgical consult was obtained and consideration of an L4-5 discectomy and fusion were discussed if conservative treatments were not successful.

Requested Service(s)

The purchase of the Orthotrac Pneumatic Vest was requested.

Decision

It is determined that the purchase of the Orthotrac Pneumatic Vest is not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The Orthotrac Pneumatic Vest is considered experimental. This patient is being considered for discography and possible surgery. The patient's failure to respond to other conservative measures may represent a failure to assess the proper directional preference exercise. Donelson, Aprill, et al, *Spine*, May 1997 showed that an experienced McKenzie therapist can provide data similar to discography (92% correlation); hence this should be the next step. Traction in any form including the Orthotrac Pneumatic Vest has not been clearly shown to be effective.

Therefore, the purchase of the Orthotrac Pneumatic Vest is not medically 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,

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 24 th day of April 2003.
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