

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

February 7, 2003

Re: IRO Case # M2-03-0536

Texas Worker's Compensation Commission:

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule 133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to ___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Neurological Surgery. He or she has signed a certification statement attesting 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 referral to ___ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the ___ reviewer who reviewed this case, based on the medical records provided, is as follows:

History

The patient is a now 28-year-old male who on ___ was lifting a very heavy fountain and developed back pain. Physical therapy and medications did not help. The patient soon developed pain into his right lower extremity and posterior aspect, extending to the large toe with associated numbness in the large toe. Reflex, strength and sensory examination revealed a pin prick deficit in the right L5 distribution and weakness of dorsal flexion of the right toe and in heel walking on the right side. An MRI 7/15/02 showed an essentially midline L4-5 disk herniation with thecal sac encroachment. A CT myelogram on 10/2/02 reportedly showed essentially the same findings, but according to the patient's neurological surgeon the myelogram and post myelogram CT scan showed evidence of a right sided L4-5 disk herniation with L5 nerve root compression, as did subsequent radiological evaluation.

Requested Service

Lumbar discectomy and laminectomy

Decision

I disagree with the carrier's decision to deny the requested operative procedure.

Rationale

Although the studies are not as clear cut as one would like, the patient's difficulty is very definitely at the L4-5 level. The patient's signs and symptoms suggest difficulty at that level. It would have been helpful to review the films themselves, but even if the least abnormal diagnosis is the one that is present, with consideration for the variation that can occur with weight bearing conditions, there is enough change present, along with corresponding signs and symptoms, to indicate the procedure. Conservative measures have not provided relief over several months, and it is time to try something more definitive such as the proposed procedure, even if there is no guaranty that it will be successful.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission 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 (28 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 Worker's Compensation Commission, P O Box 40669, Austin, TX 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing this 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 (b), I hereby certify that a copy of this Independent Review Organization (IRO) decision was sent to the carrier and the requestor or claimant via facsimile or US Postal Service from the office of the IRO on this 10th day of February 2003.