

NOTICE OF INDEPENDENT REVIEW DECISION

April 16, 2003

RE: MDR Tracking #: M2-03-0634-01-SS
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 neurosurgery 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 work-related injury on ___ when he was unloading tires and fell against the truck tailgate and fell to the concrete, striking his head, shoulder, and back. An MRI of the cervical spine was negative. An MRI of the left shoulder revealed a near full thickness tear of the attachment site of the infraspinatus tendon or most anterior aspect of the supraspinatus tendon. In addition, there was severe degenerative capsular hypertrophy and spurring of the acromioclavicular joint as well as a probable distal inferior acromion bone spur formation. The patient underwent shoulder surgery. An MRI of the lumbar spine revealed narrowing and desiccation at L4-5 and L5-S1. Axial view suggested subtle nerve root compression, possible out at the L5 and S1 foramen from a combination of degenerative facets and degenerative disc. The patient underwent a lumbar myelogram and a discogram. He was treated with facet blocks and epidural steroid injections with no improvement. The treating physician has recommended that the patient undergo a discectomy with fusion at L4-5 and L5-S1.

Requested Service(s)

Discectomy with fusion at L4-5 and L5-S1

Decision

It is determined that the discectomy with fusion at L4-5 and L5-S1 is medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The patient's symptoms have persisted for nearly three years without response to conservative care. Discography was positive at L4-5 and the MRI revealed degeneration and neural foraminal narrowing at L4-5 and L5-S1. The patient's intervening medical issues have been resolved and an anterior interbody fusion at L4-5 and L5-S1 with posterior decompression and fusion with pedicle screw internal fixation is an appropriate treatment. Therefore, the discectomy with fusion at L4-5 and L5-S1 is 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 16 th day of April 2003.
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