

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

March 14, 2003

Re: IRO Case # M2-03-0647

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, Rule133.308 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 24-year-old male who developed back pain which extended into his lower extremities in ___. This led to an anterior fusion at L5-S1 and instrumentation posteriorly. Later surgery included removal of hardware and a partial discectomy. These procedures have not relieved the patient's symptoms, with pain persisting mainly in the back, but also extending into his right lower extremities with right lower extremity numbness. CT myelographic evaluation and MRI evaluation both show right-sided scar formation with probable S1 nerve root entrapment, but there is nothing that would suggest that a compressive element is causing the patient's trouble. The patient had negative discographic evaluation at L3-4 and L4-5 on 11/18/02. A 1/23/02 electrodiagnostic test suggested evidence of bilateral L5 and left S1 denervation.

Requested Service

Explore fusion, possible TLIF

Decision

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

Rationale

The only evidence of trouble is scar formation, and it is well known that lysis of adhesions is only transiently helpful in dealing with lumbar spine problems. The documentation presented for review indicates that there is nothing on examination to suggest nerve root compression. The EMG findings are rather generalized, and are present in areas where surgery is not proposed. There is nothing on the most recent studies to suggest instability in the fusion site, or in any other area.

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 17th day of March 2003.