

May 5, 2003

Re: MDR #: M2-03-0709-01-SS

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 above, 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 and Spine Surgery.

Clinical History:

This male patient was 44 years old when he was injured on his job on \_\_\_\_. Although his MRI's did not show significant nerve root compression, but rather just degenerative disease in his lumbar spine, he had a lumbar laminectomy. Since that surgery, he has become a chronic pain patient, and has been treated conservatively.

The patient appears to have had concordant discograms in the past that would indicate degenerative disease in his lumbar spine.

Disputed Services:

Percutaneous decompression discectomies using a decompressor.

Decision:

The reviewer agrees with the determination of the insurance carrier. The reviewer is of the opinion that the procedure requested is not medically necessary in this case.

Rationale for Decision:

No documentation was provided as to how this procedure would benefit the patient. The reviewer is not aware of any prospective clinical trial showing the efficacy of this procedure. Also, following a literature search, the reviewer found no single-arm prospective trial with good outcome measures. At this point, this procedure seems to be one that is not justified based on the basic science, or on any clinical evidence.

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 care 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.

### **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 May 5, 2003.

Sincerely,