

## NOTICE OF INDEPENDENT REVIEW DECISION

April 28, 2003

MDR Tracking #: M2-03-0741-01-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 orthopedic surgery 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 lifted a 100-pound fan and felt immediate low back pain. A lumbar MRI revealed a right-sided disc herniation at L4-5 and central L5-S1 disc herniation. The patient has been treated with anti-inflammatory medications and both active and passive physical therapy. The patient continues to complain of both low back pain and bilateral lower extremity pain. The treating physician has recommended that the patient undergo a left selective endoscopic discectomy.

### Requested Service(s)

Left selective endoscopic discectomy

### Decision

It is determined that the left selective endoscopic discectomy is not medically necessary to treat this patient's condition.

### Rationale/Basis for Decision

The medical record documentation indicates that the patient's history and physical findings are not clearly consistent or diagnostic of radiculopathy. The MRI study of the lumbar spine, as well as the nerve conduction studies and electromyography, are questionable for radiculopathy.

The patient has diabetes and consideration must strongly be given that the patient's lower extremity symptoms are related to diabetic neuropathy, rather than radiculopathy. It is possible that the patient's back symptoms are related to degenerative changes as described in the x-ray and MRI reports. Rather than surgery, care would be better directed at pain management with an appropriate home program for back care and diabetic control. Therefore, the left selective endoscopic discectomy 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 28 <sup>th</sup> day of April 2003.
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