

May 6, 2003

Re: MDR #: M2-03-0799-01
IRO Certificate No.: 5055

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 Spinal Surgery.

Clinical History:

This female claimant was injured on the job on _____. She subsequently underwent L3-4 discectomy on 02/01/01. Postoperatively, the patient had persistent pain in her low back, left buttock, left leg, and also the right buttock and right leg. Following further evaluation and workup, an L3-4 fusion was recommended.

Imaging studies reveal the following: MRI scan on 07/02/01 revealed L3-4 height loss and L4-5 signal loss. X-rays in December 2002 revealed L3-4 lateral listhesis with scoliosis present above and at this level. Discography of 11/11/02 revealed concordant pain at L3-4, L4-5 and L5-S1. There are annular tears present at L3-4 and L4-5, but the L5-S1 disc had normal morphology.

Disputed Services:

L3-4 fusion.

Decision:

The reviewer agrees with the determination of the insurance carrier. The reviewer is of the opinion that the L3-4 fusion is not medically necessary in this case.

Rationale for Decision:

Based on the findings in "Clinical History", and especially that of the discography, fusion at the L3-4 segment would leave painful discs present both at L4-5 and L5-S1.

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 May 6 2003.

Sincerely,