

May 27, 2003

Re: MDR #: M2-03-0891-01-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 and Spinal Surgery.

Clinical History:

This 31-year-old female who is status post a work-related injury on \_\_\_\_. She has been treated both conservatively and extensively for low back pain. After conservative therapy essentially failed, she underwent a workup, including very well done and documented discograms of her lumbar spine showing concordant pain at L4-5 and L5-S1. Following this, lumbar fusion was recommended as a solution to her low back pain.

Disputed Services:

Lumbar fusion.

Decision:

The reviewer disagrees with the determination of the insurance carrier. The reviewer is of the opinion that the requested procedure is medically necessary in this case.

Rationale for Decision:

Surgery for low back pain has shown efficacy in prospective randomized trials in Europe, and has shown efficacy in prospective single-arm trials here in the United States. There are significant single-arm studies, other retrospective and prospective in nature, which indicate that discograms help guide surgery for chronic low back pain.

The medical records provided documented the quality of the subjective and objective reporting of the discograms to be excellent, as well as the surgical indications. Utilizing discograms as a provocative test to localize the pain is absolutely indicated in this case.

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 27, 2003.

Sincerely,