

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

May 12, 2003

Re: IRO Case # M2-03-0919

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 55-year-old female who on ___ slipped and fell and developed low back pain. She fell forward and also hurt her wrist and knee. Plain x-rays of these areas showed nothing as a result of trauma, but she had swelling of the right knee. The patient was treated with medication and physical therapy, but the back pain continued in the low back with both lower extremities being painful, especially on the right side. This led to a 1/27/00 L5-S1 fusion and decompressive laminectomy, but the pain continued despite medication and injections. On 2/22/01 and L5-S1 bilateral laminectomy with pedicle screws placed and transverse process re-fusing. The patient was treated post operatively with rehabilitation

and physical therapy, but the pain continued, extending into both lower extremities primarily on the right side. Imaging studies have shown multiple levels as the potential source of the patient's difficulties. Although some neurologic deficit was recorded in related to L5-S1, there has been no change in examinations over the past several years.

Requested Service

Lumbar hardware removal and right L5-S1 lumbar laminectomy and transfacet decompression

Decision

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

Rationale

The patient has multiple areas of potential difficulty, and a repeat procedure at a level below these areas would not be helpful if they were the source of the trouble. There is nothing to indicate that the area of previous surgery – such as instability or evidence of failure of fusion or problems with the screws that are present -- is distinctly the source of the patient's present trouble. With two major operations including decompression and fusion being unsuccessful in one area, it is very doubtful that a third operation will be helpful when there is nothing new on examination or imaging studies to indicate that surgically correctable pathology is present.

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 15th day of May 2003.