

**IRO Certificate #4599**

**NOTICE OF INDEPENDENT REVIEW DECISION**

June 6, 2003

**Re: IRO Case # M2-03-0937**

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, Rule 133.308 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 33-year-old male who on \_\_\_ was lifting a heavy bumper and developed back pain that soon extended into both lower extremities, worse on the right side. An MRI on 11/15/96 showed only questionably significant pathology at the L5-S1 level. There is a difference of opinion regarding the interpretation of the MRI between the radiologist and the treating physician. An epidural steroid injection was tried, but it increased the patient's pain. No reflex, sensory or motor deficit was recorded. Straight leg raising was positive in 1998, when it was last recorded. In the early months of 2003, the patient has had increased discomfort in his back. Flexion and extension views of the lumbar spine are reported by the treating physician as showing increased difficulty at the L5-S1 level probably accounting for the patient's symptoms.

Requested Service(s)

Anterior Interbody Fusion with bone growth stimulator

Decision

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

Rationale

Before such a procedure is considered a more recent MRI needs to be obtained, as there is a possibility that the L5-S1 level is joined by other areas that could be the source of the patient's discomfort. Also, another interpretation of the various x-rays that have been obtained may be helpful since there was a difference of opinion between the radiologist and the treating physician in the past, and this could be a factor presently.

Regarding addition testing, even a CT myelogram with flexion and extension views may lead to a change of opinion regarding possible surgery. Also, electromyography might be helpful to determine whether other levels of involvement are symptom producing.

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 9th day of June 2003.