

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

July 24, 2003

Re: IRO Case # M2-03-0952-01

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 45-year-old female who was throwing a pallet of tiles and developed a sharp pain in association with a popping sensation in her low back. The pain soon extended into her right lower extremity, and there has been some numbness and tingling. Examination has revealed straight leg raising to be positive on the right side, and there is some question of weakness of dorsiflexion of the right foot. An MRI on 11/8/00 is noted by one examiner to show an L4-5 HNP, but in reviewing the report of the study, it showed multiple levels of difficulties without any problem greater at the L4-5 level. The patient was reported to have concordant

pain at L4-5, but the report of the procedure indicates that there was concordant pain at L2-3, L3-4 and L4-5.

Requested Service(s)

Decompressive laminectomy and fusion L4-5

Decision

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

Rationale

Discography is cited as an indication for the proposed procedure, but on the report that was provided for this review, concordant pain occurred at L2-3, L3-4 and L4-5, with an annular tear at L2-3 also. An MRI of the lumbar spine showed multiple levels of difficulty with chronic changes, but nothing to suggest instability or that the L4-5 level was the most likely source of the patient's pain. According to the records provided, instability was not seen on any examination. The patient's questionable malingering during testing suggests that any results of discography would be very questionable in regard to concordant pain production.

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 25th day of July 2003.