

May 27, 2003

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M2-03-0963-01

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The ___ IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to ___ for independent review in accordance with this Rule.

___ has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing physician on the ___ external review panel. This physician is board certified in neurosurgery. The ___ physician reviewer signed a statement certifying that no known conflicts of interest exist between this physician and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to ___ for independent review. In addition, the ___ physician reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a 25 year-old female who sustained a work related injury on ___. The patient reported that while at work she injured her lower back. The patient underwent a laminectomy in 9/02. An MRI scan of the lumbar spine showed marked degeneration and protrusion in the midline at L4-L5 as well as paracentral degenerative disc herniation on the left at L5-S1. The patient has had an orthopedic and psychological evaluation. The patient has also been treated conservatively and with oral medications.

Requested Services

63042 Re Explore IV Disk Lumb, 22612 post lumb fusion 1 level, 22842 post instrumntn seg fix, 63408 spinal crd decmp adt seg, 22614 post fusn ea add intersp, 20938 strl/bicl/tricl gft spin, 20936 loc grft spine same inci, 22558 ant lumb interbdy fusion, 22585 ant fusn ea addl intersp.

Decision

The Carrier's denial of authorization for the requested services is overturned.

Rationale/Basis for Decision

The ___ physician reviewer noted that this case concerns 25 year-old female who sustained a work related injury to her back on ___. The ___ physician reviewer also noted that this patient has recurrent disc herniation and severe back pain.

The ___ physician reviewer indicated that the patient has been diagnosed with severe disc herniation at the L4-5 and L5-S1 levels. The ___ physician reviewer explained that this patient has failed non-operative treatment including epidural steroid injections, physical therapy and ultrasound therapy. The ___ physician reviewer also explained that the best option for this patient at this time would be surgical decompression and fusion with interbody grafts.

Therefore, the ___ physician consultant concluded that the 63042 Re Explore IV Disk Lumbar, 22612 post lumbar fusion 1 level, 22842 post instrumentation seg fix, 63408 spinal cord decompression adt seg, 22614 post fusion ea add inter-space, 20938 strl/bicl/tricl graft spin, 20936 loc graft spine same incision, 22558 ant lumbar inter-body fusion, 22585 ant fusion ea additional inter-space is medically necessary to treat this patient's condition at this time.

This decision is deemed to be a TWCC 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. (20 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 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. (Commission Rule 133.308(t)(2)).

Sincerely,

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 this 27th day of May 2003.