

NOTICE OF INDEPENDENT REVIEW DECISION

Date: May 29, 2003

RE: MDR Tracking #: M2-03-0991-01-SS
IRO Certificate #: 5242

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ___ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by an orthopedic surgeon physician reviewer who is board certified in orthopedic surgery. The orthopedic surgeon physician reviewer has signed a certification statement stating 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 the referral to for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

Claimant reportedly sustained injury to lower back from a work compensable injury on or about ___. Current working diagnoses include discogenic low back pain, chronic lumbar radiculopathy, axial low back pain, lumbar facet and left sacroiliac joint dysfunction. An MRI of 12/14/01 documented L3-4 left focal disc herniation and clinical correlation was advised for this anatomical finding. Subsequent CT lumbar myelogram dated 10/17/02 documents a small left foraminal disc protrusion at L3-4 and bulging annulus at L4-5 with mild anterior impression on the thecal sac.

Requested Service(s)

Lumbar laminectomy at L3-4.

Decision

I agree with the insurance carrier that the requested intervention is not medically necessary.

Rationale/Basis for Decision

Clinical correlation is generally necessary when radiographic imaging studies document abnormality at a particular lumbar level. In this case, a CT lumbar myelogram indicates an abnormality at L3-4 in the form of left foraminal disc protrusion *and* an abnormality at L4-5 in the form of a bulging annulus with impression on the thecal sac. There is no documentation of electromyogram nerve conduction study to localize the level of radiculopathy at the L3-4 level.

The clinical history of pain and paresthesias does not sufficiently localize the surgical level of involvement. Clinical correlation in the form of an electromyogram nerve conduction study that documents nerve involvement at the L3-4 level would be indicated before any surgical intervention at this level is deemed medically necessary.

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 hearing should be sent to: Chief Clerk of Proceedings, Texas Workers' Compensation Commission, P.O. Box 40669, Austin, Texas, 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)).

This decision by the IRO is deemed to be a TWCC decision and order.