

## NOTICE OF INDEPENDENT REVIEW DECISION

**Date:** May 27, 2003

**RE: MDR Tracking #:** M2-03-0997-011-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**

The claimant is a 21-year-old male injured back on \_\_\_ he fell landing on his buttocks after a wrench slipped. He had increasing low back pain post injury. He got no relief with treatment with anti-inflammatories and physical therapy. He had an MRI that indicated annular tear and contained disc protrusion. Also noted was severe central canal stenosis. He had discography and CT with contrast that reproduced pain at L5-S1 on discography. He had no signs of radiculopathy, and no complaints consistent with sciatic pain. He had no neurologic deficits.

### **Requested Service(s)**

Video assisted arthroscopic microdiscectomy

### **Decision**

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

### **Rationale/Basis for Decision**

There are no indications for disc surgery. He has no radicular pain and no neurologic deficits. Spinal stenosis is a contraindication to video assisted microdiscectomy. There have not been adequate prospective peer reviewed studies done to demonstrate the efficacy of this procedure. Other criteria for this procedure include: more pain in the lower extremities than in the back, dermatomal sensory deficit that match patients level of pathology on imaging studies and no history of Worker's Compensation back injury. Large central herniations L5-S1 are also a contraindication to this procedure.

These are documented in The Journal of Bone and Joint Surgery, July 1999, Volume 81A No. 7. It has also been shown by Carragee et al that discography in Worker's Comp is unreliable. These papers have been presented at the North American Spine Society meetings and have been prize-winning studies.

### **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.