

July 3, 2003

Re: Medical Dispute Resolution
MDR #: M2-03-1000-01
IRO Certificate No.: 5055

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to ___ for an independent review. ___ has performed an independent review of the medical records to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is Board Certified in Orthopedic Surgery.

Clinical History:

This female claimant is approximately 40 years old and injured her lower back in a work-related accident on ____. She had multiple treatments, multiple doctors, and multiple modalities, including epidural steroid injections X3, but continued to have pain in the low back, and in the left lower extremity. Surgery has been proposed.

Disputed Services:

Lumbar laminectomy at L5-S1, discectomy at L5-S1, decompression of lateral recesses at L4-5.

Decision:

The reviewer agrees with the determination of the insurance carrier. The reviewer is of the opinion that the surgical procedures in question are not medically necessary in this case.

Rationale:

The myelogram and CT were normal evaluations. There was no evidence of compression of these structures, such that would benefit the patient by releasing them surgically. MRI showed a disc bulge of 3.0 mm, which is unlikely to cause the multitude of symptoms in this individual. The MRI showed minimal abnormalities, and the myelogram was normal. A wider canal at L5-S1 was noted, and the possibility of a larger disc was stated, which would not be visualized on the myelogram. If it is a wider space, it could accommodate a larger rupture if such occurred without compression.

I am the Secretary and General Counsel of ___ and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this care for determination prior to referral to the Independent Review Organization.

We are simultaneously forwarding copies of this report to the payor and the Texas Workers' Compensation Commission. This decision by ___ 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 this 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 ten (10) days** of your receipt of this decision (28 Tex. Admin. Code 142.5©).

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 twenty (20) days** of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you **five (5) 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.

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 July 3, 2003.

Sincerely,