

July 25, 2003

Re: Medical Dispute Resolution
MDR #: M2-03-1086-01
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 and Spine Surgery.

Clinical History:

This female claimant was injured at her job on ____. She has presented to her physicians on multiple occasions with complaints of low back pain, left buttock and left hip pain, as well as numbness and tingling in her posterior legs and the bottoms of her feet, left greater than right.

CT myelogram on 02/10/03 documents spinal stenosis at L3-4 and L4-5, with neuroforaminal stenosis at these levels. This is further supported by MRI scan of the lumbar spine on 08/16/02, which documents L3-4 and L4-5 spinal stenosis with lateral recess stenosis and neuroforaminal stenosis.

Disputed Services:

L3-4 laminectomy with medial facetectomy and foraminotomy for spinal stenosis.

Decision:

The reviewer disagrees with the determination of the insurance carrier and is of the opinion that the procedure in question is medically necessary in this case.

Rationale:

Based on the patient's history and the appropriate imaging findings, decompression at L3-4 and L4-5 is medically necessary.

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 May 14, 2003.

Sincerely,