

NOTICE OF INDEPENDENT REVIEW DECISION

July 8, 2003

RE: MDR Tracking #: M2-03-1152-01-SS
IRO Certificate #: IRO 4326

The ___ 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 a matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in orthopedic surgery. ___ health care professional 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

This patient was injured doing maintenance work at ___ on ___. He tripped and fell backwards, causing pain in his back and radiating down his left leg and weakness. He has undergone conservative care including chiropractic, medication, two epidural steroid injections, and attempted work hardening. A lumbar MRI revealed disc herniation at L5-S1 and facet hypertrophy at L4-5 and L5-S1.

Requested Service(s)

L5-S1 laminectomy with decompression, posterolateral fusion, and posterior lateral interbody fusion with Staffey plates, and Brantigan cages and Dynagraft

Decision

It is determined that the proposed L5-S1 laminectomy with decompression, posterolateral fusion, and posterior lateral interbody fusion with Staffey plates, and Brantigan cages and Dynagraft is medically necessary to treat this patient's condition.

Rationale/Basis for Decision

Based on available documentation, the provider objectively and carefully considered the best course of treatment for this patient. This physician's concerns regarding the complexity of the procedure contemplated are justified due to the patient's weight, work type, significant back pain, and special studies showing associated degenerative changes (e.g. facet hypertrophy and desiccation).

An independent medical examiner (IME) orthopedic surgeon dated 03/28/02 also considered the possibility of fusion stating the "treatment which would be appropriate for this injury would be a diskectomy and facetectomy with or without lower lumbar fusion". Based on the documentation available, the surgeon's judgment is appropriate and paramount. Therefore, it is determined that the proposed L5-S1 laminectomy with decompression, posterolateral fusion, and posterior lateral interbody fusion with Staffey plates, and Brantigan cages and Dynagraft is medically necessary.

This decision by the IRO 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** (10) 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)).

Sincerely,

In accordance with Commission Rule 102.4 (h), 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 8 th day of July 2003.
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