

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

July 9, 2003

Re: IRO Case # M2-03-1153-01

Texas Worker's Compensation Commission:

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to ___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Neurological Surgery. He or she has signed a certification statement attesting 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 referral to ___ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the ___ reviewer who reviewed this case, based on the medical records provided, is as follows:

History

The patient is a 28-year-old male who on ___ was pulling an automobile motor with another worker and developed severe back pain. The pain persisted. He was taken off work briefly, and after some physical therapy he was returned to work in a brace. The patient's pain continued, and an MRI was performed on 12/10/01. The MRI showed some questionably significant herniated disks at the L4-5 and especially the L5-S1 levels in the midline to the right side. An EMG on 3/6/02 showed evidence of a right-sided S1 radiculopathy. Multiple injections, including epidural steroid, were tried without help. The patient underwent lumbar endoscopic laser discectomy of L4-5 and L5-S1 on 5/22/02.

This was only of brief benefit, and the patient had a return of significant pain about one month later. The patient was treated with medications, and it was suggested in a 5/12/03 communication that an open operation consisting of decompression and fusion was probably necessary and that it should be scheduled as soon as it was approved.

Requested Service(s)

Transforaminal Lumbar ESIs X3

Decision

I agree with the carrier's decision to deny the requested treatment.

Rationale

The patient has had ESI in the past without significant benefit. The patient is going to be scheduled for a more definitive surgical procedure on his spine, and even minimally invasive things should not be done to the lumbar spine awaiting the procedure.

This medical necessity decision by an Independent Review Organization 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 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 (28 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 a hearing should be sent to:
Chief Clerk of Proceedings, Texas Worker's Compensation Commission, P O Box 40669,
Austin, TX 78704-0012.

The party appealing this 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 (b), I hereby certify that a copy of this Independent Review Organization (IRO) decision was sent to the carrier and the requestor or claimant via facsimile or US Postal Service from the office of the IRO on this 10th day of July 2003.