

MDR Tracking Number: M2-03-1215-01
IRO Certification# 5259

June 16, 2003

An independent review of the above-referenced case has been completed by a medical physician in neurosurgery. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by ___ or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

___ hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to ___.

CLINICAL HISTORY

Patient is a 36 year old male whose initial injury was on ___ and subsequently underwent a L4-5, L5-S1 transforaminal lumbar interbody fusion with instrumentation on 4/17/2001. His pre-operative symptoms include low back pain and bilateral leg pain with numbness and paresthesias. His leg pain has resolved but he continues to have back pain at the level of the hardware and per the radiologist's report has a solid fusion. He responded transiently to a hardware block with 90% relief on 2/4/2003.

REQUESTED SERVICE (S)

Removal of lumbar instrumentation

DECISION

The request for removal of lumbar instrumentation is recommended as a treatment option.

RATIONALE/BASIS FOR DECISION

Removal of retained instrumentation for post-fusion pain is a generally accepted practice in spinal surgery despite the fact that there are no large controlled clinical trials documenting its efficacy.

The general premise is that the instrumentation can elicit an inflammatory reaction or cause local irritation of innervated structures such as the facet joints. In addition, removal of instrumentation allows adequate imaging of adjacent structures (i.e. discs) to determine need for further treatment.

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) calendar days of your receipt of this decision (20 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 **20** (twenty) calendar 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 or the date of fax (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings/Appeals Clerk
Texas Workers' Compensation Commission
P.O. Box 17787
Austin, Texas 78744

Or fax the request to (512) 804-4011. A copy of this decision must be attached to the request.

The party appealing the decision shall deliver a copy of its written request for a hearing to the opposing party involved in the dispute.

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 30th day of May 2003.