

August 19, 2003

**NOTICE OF INDEPENDENT REVIEW DECISION  
Corrected Letter**

**RE: MDR Tracking #: M2-03-1493-01**

\_\_\_ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). \_\_\_ IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to \_\_\_ for independent review in accordance with this Rule.

\_\_\_ has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing physician on the \_\_\_ external review panel. This physician is board certified in neurosurgery. The \_\_\_ physician reviewer signed a statement certifying that no known conflicts of interest exist between this physician and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to \_\_\_ for independent review. In addition, the \_\_\_ physician reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a 52 year-old female who sustained a work related injury on \_\_\_. The patient reported that while at work she fell on a bus. The patient has been diagnosed with pseudoarthrosis, chronic low back pain, status post lumbar fusion, lumbago, lumbar spondylosis and lumbar degenerative disc disease. The patient has undergone an L4-L5 laminectomy with decompression, L4-L5 posterior instrumentation with titanium pedicle screws and plates as well as harvesting of bone marrow from her right iliac bone on July 10, 2001. The patient was treated post-surgically with physical therapy. The patient continued to complain of lower back pain, bilateral leg weakness and bilateral leg cramping and muscle spasms. The patient underwent a CT scan of her lumbar spine with X-Ray as well that showed poor fusion at the posterolateral area and also poor fusion at the intervertebral area. The patient continues treatment with pain medications and has undergone Epidural Pain Block with neurolysis on January 21, 2003.

Requested Services

Anterior fusion.

Decision

The Carrier's denial of authorization for the requested services is upheld.

Rationale/Basis for Decision

The \_\_\_ physician reviewer noted that this case concerns a 52 year-old female who sustained a work related injury to her low back on \_\_\_. The \_\_\_ physician reviewer also noted that the diagnoses for this

patient included pseudoarthrosis, chronic low back pain, status post lumbar fusion, lumbago, lumbar spondylosis and lumbar degenerative disc disease. The \_\_\_ physician reviewer further noted that the patient underwent a L4-L5 laminectomy with decompression, L4-L5 posterior instrumentation with titanium pedicle screws and plates as well as harvesting of bone marrow from her right iliac bone on July 10, 2001 followed by physical therapy. The \_\_\_ physician reviewer indicated that this patient has a history of positive discogram at the L4-L5 level and previous laminectomy. The \_\_\_ physician reviewer also indicated that the treating physician is requesting an anterior fusion. The \_\_\_ physician reviewer explained that the documentation provided does not show that the patient has undergone a complete workup to determine the patient's pain generator. Therefore, the \_\_\_ physician consultant concluded that the requested anterior fusion is not medically necessary to treat this patient's condition at this time.

This decision 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 (ten)** 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 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. (Commission Rule 133.308(t)(2)).

Sincerely,

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 19th day of August 2003.