

NOTICE OF INDEPENDENT REVIEW DECISION

August 21, 2003

RE: MDR Tracking # M2-03-1532-01
IRO Certificate # IRO4326

___ 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 ___ physician reviewer who is board certified in neurosurgery which is the same specialty as the treating physician. The ___ physician reviewer 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 sustained a back injury on ___ while moving equipment. He saw a chiropractor for treatment and physical therapy. The patient reports he has lower back pain that radiates into both legs. A lumbar MRI dated 11/27/02 revealed disc protrusions at L4-5 and L5-S1.

Requested Service(s)

Lumbar fusion at L4-5 and L5-S1 with instrumentation and SDI rampset with up to 3-days length of stay

Decision

It is determined that the proposed lumbar fusion at L4-5 and L5-S1 with instrumentation and SDI rampset with up to 3-days length of stay is not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

In reviewing the medical record and physical exams, this patient has a normal neurological exam, aside from a depressed ankle jerk reflex on the right. This could implicate the right S1 root, but not the L5 root. Also, the patient's symptoms are described as being bilateral, probably the left leg symptoms are coming from the subarticular disc protrusion at L4 yet there is nothing on exam to correlate with as L5 radiculopathy (no weakness, dermatomal loss or description of the radiating leg pain).

Next, in anticipation of such a large procedure, a definitive study, one that clearly documents nerve compression, should be done. A myelogram with post procedure CT scan looking to see if the left L5 and right S1 roots fill out normally would be medically indicated. In the MRI interpretation, there is no mention of a spondylolysis/spondylolisthesis. A myelogram with flexion and extension views will confirm or rule out this issue.

In addition, this patient has had no conservative management for the "lumbar segmental instability". If this is the working diagnosis, the treatment algorithm ends with surgical stabilization, not begins with it. Therefore, it is determined that the proposed lumbar fusion at L4-5 and L5-S1 with instrumentation and SDI rampset with up to 3-days length of stay is not 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 21 st day of August 2003.
