

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

August 25, 2003

Re: IRO Case # M2-03-1536

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, Rule 133.308 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 46-year-old male who was injured on ___ and developed pain. The pain persists in his low back and into his right anterior and lateral thighs, with some associated numbness in those areas despite medications, physical therapy, nerve blocks and epidural steroid injections. The patient also had endoscopic removal of L3-4 disk from the right side. An MRI on 12/13/02 showed right-sided L3-4 disk rupture potential, and also right-sided L5-S1 findings of a similar nature. A CT myelogram on 2/18/03 showed essentially the same thing. It is significant that an electrodiagnostic test showed L5 difficulties corresponding more to the potential difficulty at the L5-S1 level as a source of pain than to the L3-4 level.

Requested Service(s)

Lumbar Hemilaminotomy at L3 Right and Discectomy at L3-4 and Foraminotomy at L3-4

Decision

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

Rationale

The patient's symptoms may correspond more to possible L3 or L4 nerve root difficulties. Both The MRI and electrical test suggest that the patient's pain may well be coming from the L5-S1 level. There is no neurologic deficit that would suggest mid lumbar nerve root compression, such as patellar reflex change. The sensory examination points to various areas of trouble in the right lower extremity, including the L5 and S1 nerve roots. Straight leg raising is negative, and there is nothing in the reports provided for this review regarding femoral nerve stretch. In general, there is not enough evidence to subject this patient to an extensive surgical procedure that has a very good chance of failing in relieving symptoms.

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 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 (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) calendar days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings / Appeals Clerk
P.O. Box 17787
Austin, Texas 78744
Fax: 512-804-4011

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

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 27th day of August 2003.