

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

August 26, 2003

Re: IRO Case # M2-03-1601

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 41-year-old female who was lifting trays on ___ and developed back pain, which soon radiated into both lower extremities, worse on the right side. Bed rest and physical therapy were unsuccessful. The patient continued with back pain primarily, with some extension mainly into the lower right extremity. An EMG showed left-sided L5-S1 potential difficulty that did not correspond to the patient's symptomatology. A 7/14/02 MRI showed a small central L5-S1 disk with generalized degenerative disk disease change, but nothing to suggest the necessity of a surgical procedure. On examination straight leg raising has been found to be negative by several examiners, with there being on some occasion some low back pain development only. There is no reflex, sensory or motor deficit. An episode occurred on 6/24/03 in which the patient's right leg gave way and she fell and was sent to the ER. It is difficult to relate that episode to organic neurologic pathology, as evidenced on the previous examinations and imaging reports.

Requested Service(s)

L5-S1 lumbar laminectomy

Decision

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

Rationale

The patient's symptoms have consistently been low back pain with some right-sided discomfort in the lower extremity, but on EMG the left side is the only place where evidence of potential nerve root compression was found. The MRI of the lumbar spine showed a small central L5-S1 disk displacement without nerve root compression, and there was degenerative disk disease elsewhere, but nothing to suggest nerve root compression problems. Straight leg raising has been persistently negative, with there being only occasional low back pain with straight leg raising. There has been no reflex, sensory or motor deficit on examination. Under these circumstances, it is likely that the proposed surgical procedure would not be successful, and therefore it would not be justified.

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 28th day of August 2003.