

NOTICE OF INDEPENDENT REVIEW DECISION

November 4, 2003

RE: MDR Tracking #: M2-03-1603-01-SS
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 orthopedic surgery 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 an injury on ___ when he fell off ladder, landing on his back. He then complained of increasing back and right lower extremity pain. He underwent a lumbar steroid injection series with relief lasting a few weeks.

Requested Service(s)

L4-5 and L5-S1 decompression, posterior lumbar interbody fusion with cages, and a L4-S1 posterolateral fusion with plate and screw fixation

Decision

It is determined that the proposed L4-5 and L5-S1 decompression, posterior lumbar interbody fusion with cages, and a L4-S1 posterolateral fusion with plate and screw fixation are medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The imaging studies that were performed revealed degenerative spondylolisthesis at L4 and L5 with facet arthrosis or arthritis at the L4-5 and L5-S1 levels. There was also a vacuum sign at the L5-S1 level. The MRI scans which were performed showed also the degenerative spondylolisthesis at the L4-5 level and a large herniation of the disc at the L5-S1 level.

Myelograms and post-myelogram CT scans performed on 04/24/03 did show moderate spinal stenosis at the L4-5 level, mild stenosis at L5-S1, foraminal stenosis at L5-S1, and spondylolytic changes at L4-5 and L5-S1. The patient does have instability of his spine as noted by his degenerative spondylolisthesis at the L5-S1 level.

Thus, the patient has failed non-operative management and does have abnormalities at L4-5 and L5-S1 consistent with spinal stenosis, degenerative spondylolisthesis (instability), foraminal stenosis, and disc herniations. Therefore, it is determined that the proposed L4-5 and L5-S1 decompression, posterior lumbar interbody fusion with cages, and a L4-S1 posterolateral fusion with plate and screw fixation are 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** (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 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, Fax: 512-804-4011.

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

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 4 th day of November 2003.
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