

NOTICE OF INDEPENDENT REVIEW DETERMINATION

MDR Tracking Number: M2-03-1621-01

September 8, 2003

An independent review of the above-referenced case has been completed by a doctor board certified in neurosurgery. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by ____, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

___ hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to ___.

Sincerely,

CLINICAL HISTORY

This patient was injured in ___ after a forklift injury. He then had an anterior lumbar interbody fusion in 8/92. Post-operatively he had some difficulties, including a wound infection. His graft extruded anteriorly and apparently did not fuse. He then had a posterior lumbar interbody fusion with a posterolateral fusion and posterior stabilization. Unfortunately, this too was complicated by wound infections and post-operative hematomas. He then had placement of bone stimulators internally, removal of those as well as removal of his hardware, and then replacement of a bone stimulator. Unfortunately, the patient's primary complaint of low back pain has continued to date. More recently he has been evaluated with both discograms as well as x-rays which show he has a pseudoarthrosis at the L5 level. The discogram specifically states that while the patient had some pain which was somewhat concordant with his pain, it was not all that significant. The patient's physician, ___, has now requested that the patient undergo a second anterior lumbar interbody fusion to deal with the pseudoarthrosis. This request of service has currently been denied.

REQUESTED SERVICE(S)

Medical necessity of anterior lumbar interbody fusion at L4-S1 with 3-day inpatient stay.

DECISION

Deny.

RATIONALE/BASIS FOR DECISION

After review of the charts, it is unclear why an anterior lumbar interbody fusion is being recommended. This would be the second anterior approach the patient had. There can be expected substantial adhesions with the great vessels in this vicinity, and equally important, there will also be significant adhesions of the superior hypogastric plexus. There is up to 30% incidence of impotence after an initial ALIF. The potential for impotence after this procedure must be dramatically higher. The potential for great vessel injury is also fairly substantial. There are grave reservations whether an unsupported ALIF is going to succeed in this adverse environment.

Peer reviewed literature or studies for repeat ALIF's after several attempts at an L5 fusion are quite lacking. There is no evidence to support a procedure with a higher risk and a lower potential for success.

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 (20 Tex. Admin. Code 142.5©).

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 148.3).

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a 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

Or fax the request to (512) 804-4011. A copy of this decision must be attached to the request.

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

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 11th day of September 2003.