

## NOTICE OF INDEPENDENT REVIEW DECISION

**Date:** September 5, 2003

**RE: MDR Tracking #:** M2-03-1645-01-ss  
**IRO Certificate #:** 5242

\_\_\_\_\_ 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 an Orthopedic Surgeon physician reviewer who is board certified in Orthopedic Surgery and has an ADL Level 2. The Orthopedic Surgeon 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**

The claimant has chronic back and leg pain allegedly related to a lifting incident at work on \_\_\_\_\_. The requesting surgeon has diagnosed bilateral lumbar radiculopathy and lumbar stenosis as well as disc disruption.

### **Requested Service(s)**

L3 to L5 decompression and L5/S1 fusion

### **Decision**

I agree with the insurance carrier that the requested surgical intervention is not medically necessary.

### **Rationale/Basis for Decision**

Generally a clinical work up of a neurocompressive lesion includes an electromyogram /nerve conduction velocity study prior to any consideration of surgical decompression for a clinical diagnosis of lumbar radiculopathy. There is no documentation of an electromyogram /nerve conduction velocity study supporting the clinical diagnosis of lumbar radiculopathy. The electrodiagnostic study performed on 3/21/03 was essentially normal. There was some

“electrical instability” thought to be due to recent facet injection. The remainder of the abnormalities were thought to be clinically insignificant. The electrodiagnostic studies do not correlate with the anatomical findings described by the treating surgeon relating to stenosis and disc herniation. There is no clear indication, therefore, for a decompression from L3 to L5. These levels have not been specifically identified as pain generator sites. Regarding the surgical fusion at L5/S1, discography alone is not a primary diagnostic tool but a confirmatory study in the presence of an established diagnosis of a significant disc condition when spinal fusion is anticipated. There is no clearly documented clinical rationale to indicate that surgical fusion at L5/S1 is medically necessary. There is no documentation of instability nor is there documentation of a trial of bracing.

### **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.