

NOTICE OF INDEPENDENT REVIEW DETERMINATION

MDR Tracking Number: M2-03-1660-01

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 is a 53 year-old female who was working as a ___ on ___ and developed acute low back pain. She does not recall any specific inciting events with the exception of multiple repetitive movements. Subsequent to that she has been evaluated by a number of physicians. She has received physical therapies, a variety of different medications and ultimately multiple injections which have helped her only transiently. Of note, she had had facet joint blocks which, according to ____, improved her low back pain approximately 60%. She had an MRI scan approximately two months after the injury and she was found to have substantial lumbar spinal stenosis two months after the injury and she was found to have substantial lumbar spinal stenosis at L4. As she was not improving with conservative therapy, it was recommended that she have a decompressive lumbar laminectomy. Of note, the patient is 4' 11" and weights 300 pounds. Because she had substantial degenerative changes, including facet joint abnormalities, there has been a request for a fusion to accompany the decompressive laminectomy at L4.

REQUESTED SERVICE(S)

Proposed lumbar laminectomy-disectomy L4/5, L5/S1, bilateral and fusion with lateral bones.

DECISION

Approve procedure.

RATIONALE/BASIS FOR DECISION

It is clear by ___' notes that ___ did improve 60% with facet joint injections, therefore, it is reasonable to perform a posterolateral fusion along with the decompressive lumbar laminectomy.

This patient has been through a multitude of conservative managements, none of which have given her long-lasting benefit. She continues to be plagued by low back pain and has significant changes in her lumbar spine. The normal treatment algorithm for low back pain as endorsed by the American Society of Pain Management Physicians and Geriatrics is attending to remediable factors in this case. Obviously, her weight would be one. She fails to correct this, however, the contention is that her back pain and symptoms are preventing her from exercising which is necessary to lose weight. The next line of treatment would be pain management. She has certainly been through that, almost to an excessive degree. Finally, after failure of reconditioning or the ability to recondition, it is reasonable to consider structural abnormalities as surgical pathology.

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 9th day of September 2003.