

NOTICE OF INDEPENDENT REVIEW DECISION

Date: October 1, 2003

RE: MDR Tracking #: M2-03-1736-01-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 ADL certification. 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 a history of chronic low back pain and leg pain allegedly due to a work compensable injury on _____.

Requested Service(s)

360% lumbar fusion L4-S1 with decompression and instrumentation.

Decision

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

Rationale/Basis for Decision

Generally a clinical work-up of a neurocompressive lesion includes electromyogram/nerve conduction studies and a myelogram prior to any consideration of surgical decompression for a surgical diagnosis of lumbar radiculopathy. There is no documentation of an independent neurological exam and electromyogram/nerve conduction studies supporting a diagnosis of lumbar radiculopathy or a corresponding anatomical defect consistent with an isolated nerve compression lesion that would necessitate decompression in this clinical setting. There is no objective documentation of clinical instability. There is mention made of flexion extension views, but there are no objective measurements to indicate significant instability at L4-5 or L5-S1. The last clinic note dated 08/18/03 indicates that the claimant is "grossly and neurologically stable". The claimant is currently ambulating without assistance. There is no documentation of progressive neurologic deficits and a thorough independent neurological evaluation to include electromyogram/nerve conduction studies is strongly recommended prior to any surgical intervention. Further diagnostic studies should also include a contrast study to correlate any electrodiagnostic findings with anatomical abnormality.

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.