



Specialty Independent Review Organization, Inc.

August 30, 2004

TWCC Medical Dispute Resolution
7551 Metro Center Suite 100
Austin, TX 78744

Patient: ____
TWCC #:
MDR Tracking #: M2-04-1824--01
IRO #: 5284

Specialty IRO has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to Specialty IRO for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

Specialty IRO has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

This case was reviewed by a licensed Doctor of Osteopathy who is board certified in Orthopedic Surgery. The Specialty IRO health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to Specialty IRO for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

This 35 year old male with an injury date of 8/__/2002 indicates that he was sandblasting a floor on a production rig when another employee blasted him with the sand in his back and left leg. He is not sure if he had skin wounds that were caused by pieces of rust or sand. His clothing, however, was penetrated. Mr. Trevino stated that he twisted his back when he was hit and has experienced low back pain and burning sensation in both extremities, numbness in both feet and tingling in both legs. Mr. Trevino further states that he had no problems with his low back or his legs prior to the injury on 8/__/2002. This patient has reports now from Dr. Sammaniego, Dr. Proloer, Dr. Lozano, Dr. Atkins, Dr. Masciale and Dr. Wilk, which are reviewed.

The patient had received physical therapy from Dr. Sammaniego and was referred to Dr. Joselevitz, physical medicine and this patient has had further work ups being September 18, 2002 with an MRI scan of the lumbar spine, which revealed disk narrowing and desiccation. There

was also an anterior disk protrusion at T12 and L1, posterior disk protrusion at L4-5. This patient underwent pain management from Dr. Potter. There have been two steroid epidural injections administered in 2002. Also of note, in 2002 the patient had a flat back lumbar lordosis, which is due to muscle spasm. The sciatic stretch on the right was (-); however, on the left causes back pain with tingling in the left lower extremity. There is decreased sensation to pin prick on the medial aspect of his left leg. The discogram was normal at L3-4, but had pain reoccurring at L4-5 and L5-S1. The patient did undergo an EMG test on 1/28/04, which showed a left L5 nerve root involvement. He has also undergone psychological testing. The work up was all carried out in the year of 2002 and the only new report was the EMG in 2004. This patient also has a medical condition of being a diabetic. The MRI from 9/18/2002 showed a posterior disk protrusion impinging the thecal sac at L4-5 and there is also a disk narrowing with anterior disk protrusion at T12 to L1. There is no mention of the L5-S1 except on the discogram.

REQUESTED SERVICE

The item in dispute is the prospective medical necessity of a nucleoplasty with fluoroscopy and sedation.

DECISION

The reviewer agrees with the previous adverse determination.

BASIS FOR THE DECISION

Following the algorithm from Pain Physicians, Volume 4, 2001, this patient has undergone epidural injections and discography, which shows annular tears present. Studies provided and age of the studies cannot recommend the proposed surgery.

Specialty IRO has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Specialty IRO has made no determinations regarding benefits available under the injured employee's policy. Specialty IRO believes it has made a reasonable attempt to obtain all medical records for this review and afforded the requestor, respondent and treating doctor an opportunity to provide additional information in a convenient and timely manner.

As an officer of Specialty IRO, Inc, dba Specialty IRO, I certify that there is no known conflict between the reviewer, Specialty IRO and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

Sincerely,

Wendy Perelli, CEO

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.

In the case of prospective *spinal surgery* decision, a request for a hearing must be made in writing and it must be received by the TWCC Chief Clerk of Proceedings within 10 days of your receipt of this decision. (20 Tex. Admin. Code 142.5(c)).

In the case of other *prospective (preauthorization) medical necessity* disputes a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) 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 (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing should be sent to: Chief Clerk of Proceedings, Texas Worker’s Compensation Commission, P.O. Box 40669, Austin, TX 78704-0012. A copy of this decision should be attached to the request.

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute, per TWCC rule 133.308(t)(2).

Sincerely,

Wendy Perelli, CEO

I hereby certify, in accordance with TWCC Rule 102.4 (h), that a copy of this Independent Review Organization decision was sent to the carrier, requestor, claimant (and/or the claimant’s representative) and the TWCC via facsimile, U.S. Postal Service or both on this _____30th day of ___August___, 2004

Signature of Specialty IRO Representative:

Name of Specialty IRO Representative: Wendy Perelli