

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

October 17, 2003

Re: IRO Case # M2-04-0048

Texas Worker's Compensation Commission:

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule 133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to ___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Neurological Surgery, and who has met the requirements for the TWCC Approved Doctor List or who has been granted an exception from the ADL. He or she has signed a certification statement attesting 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 referral to ___ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the ___ reviewer who reviewed this case, based on the medical records provided, is as follows:

History

The patient is a 61-year-old male who in ___ was carrying a suitcase and had to twist. Initially the patient had knee trouble that was evaluated and treated, but soon after the carrying and twisting incident he had left leg pain with some back pain. Physical therapy and epidural steroid injections on four occasions were unsuccessful in dealing with his trouble. An 8/19/01 MRI of the lumbar spine showed degenerative disk disease changes primarily at the L4-5 level with some spinal stenosis present. Only minor changes were seen at other levels. A distinct surgical lesion that would show a reason for the patient's lower extremity pain was not seen at any level.

Requested Service(s)

Exc.IV disk lumbar, spinal cord decmp adt seg, unlisted procedures spine, hrvt bone grft for, post lumb intbdy fus-1 sp, 2 day inpatient stay for lumbar decompression L3-4, L4-5 and L5-6

Decision

I agree with the carrier's decision to deny the requested multi level procedure.

Rationale

The patient's MRI shows only possibly surgically significant disease at the L4-5 level only, and it does not explain the patient's left lower extremity discomfort in addition to this back pain. Findings at the other levels were clearly not of a surgical nature, and to pursue prophylactic decompression is not indicated. Before surgery is considered a more thorough imaging evaluation would be indicated, with possibly even CT myelographic evaluation with flexion and extension views to make sure that there is no obvious instability, and to look for a reason for the left lower extremity discomfort.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

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.

Sincerely,

In accordance with Commission Rule 102.4 (b), I hereby certify that a copy of this Independent Review Organization (IRO) decision was sent to the carrier and the requestor or claimant via facsimile or US Postal Service from the office of the IRO on this 17th day of October 2003.