

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

November 3, 2003

Re: IRO Case # M2-04-0205

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 48-year-old female who was injured in ___ when she was lifting a saw and twisted. She developed back pain that extended into the left lower extremity. The patient has a history of a lumbar laminectomy with disk removal at the 4-5 level on the right side in 1987. The patient apparently did well following that surgery until the ___ accident. There was recurrent pain, and this led to a 1996 L3-4 decompression and L4-5 decompression and disk removal. The patient's pain continued. Discography in 1996 and 1999 showed some concordant pain at L3-4 and L5-S1, and the patient was treated with IDET following the discogram in 1999. A 10/22/02 MRI of the lumbar spine with and without contrast failed to reveal any evidence of significant pathology.

Requested Service(s)

Transforaminal posterior interbody fusion at L3-4

Decision

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

Rationale

In the records provided for this review, there is no evidence of instability of the lumbar spine. On examination there is nothing to indicate a nerve root problem in the area of fusion. In addition, an EMG on 7/21/93 failed to reveal any evidence of nerve root difficulty in the proposed operative area. MRI has shown no particular evidence of surgical pathology at that level or any other level. It would not be appropriate to base decision for the fusion on discographic results from three years ago.

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 4th day of November 2003.