

November 11, 2003

Re: MDR #: M2-04-0267-01-SS
IRO Certificate No.: 5055

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to ___ for an independent review. ___ has performed an independent review of the medical records to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is Board Certified in Orthopedic Surgery.

Clinical History:

This 41-year-old gentleman was injured on-the-job on ____. He sustained lacerations to the pelvic region and developed low back pain. His course has been complicated for treatment of his low back pain and treatment of multiple perirectal abscesses requiring incision and drainage. He remains symptomatic relative to his low back pain, and surgery is being considered.

At his last visit to the requesting surgeon, he rated his pain level a 7 out of 10, with constant pain awakening him at night, with 70% interpreted as low back pain and 30% being radicular symptoms, present at three years after the date of injury. His physical examination revealed appropriate demeanor, significant paravertebral muscle tightness, and mild to moderate paravertebral muscle spasm. The ankle jerk was noted to be decreased on the left compared to the right (the left is the symptomatic side). The records as documented in the chart and per discussion with the requesting surgeon, how that the physical therapy, at least in 11/00, 12/00, and 01/01, tended to benefit this gentleman. He had medication, a tincture of time, and MRI x 2 which were both positive. The records reviewed include a diskogram performed on 03/21/03 which is positive at L5-S1 with concordant symptoms and some slight leakage from the disk space. At the conclusion of the procedure, the L2-3 and L3-4 levels were also tested and were negative. These records are in the chart.

He has had laser nucleoplasty on 05/08/01 and Intradiskal injections of corticosteroids in 07/02.

Disputed Services:

Proposed L5-S1 ALIF-PISF, L5-S1 laminectomy/discectomy.

Decision:

The reviewer disagrees with the determination of the insurance carrier. The treatment at issue is medically necessary.

Rationale:

This determination is based on thorough review and re-review of the chart, discussion of this case with two orthopedic spinal surgeon associates and discussion with the requesting physician to obtain additional information to clarify the case. The history of the injury is documented on ____, with symptoms persisting to the present time.

Conservative treatment has been documented, and the physical findings are positive for low back pain with radicular symptoms, with decreased ankle jerk on the right side. At this point, the surgical procedure proposed is medically necessary.

I am the Secretary and General Counsel of ____ and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this care for determination prior to referral to the Independent Review Organization.

We are simultaneously forwarding copies of this report to the payor and the Texas Workers' Compensation Commission. This decision by ____ is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of this 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 ten (10) days** of your receipt of this decision (28 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 twenty (20) days** of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you **five (5) 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 Workers' Compensation Commission, MS-48
7551 Metro Center Dr., Ste. 100
Austin, TX 78744-1609

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

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 November 11, 2003.

Sincerely,