

November 17, 2003

MDR #: M2-04-0274-01-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 Neurological Surgery.

**Clinical History:**

This female claimant suffered a work-related injury on \_\_\_ that resulted in low back pain and left lower extremity pain. It should be noted that she also had complaints referable to the right lower extremity that were more sensory in nature (i.e., numbness and paresthesias) and less so pain related.

EMG and nerve conduction studies on 02/13/03 demonstrated diminished nerve conduction velocity in the right tibial nerve distribution. MRI images of the lumbosacral spine on 10/28/02 were reported as normal. However, CT myelographic images on 04/03/03 demonstrated, on plain films, post contrast injection, a possible right herniated nucleus pulposus at L5-S1 that was not visualized on subsequent post myelographic CT images. However, there was evidence of a broad left foraminal and lateral disc protrusion at L4-L5 displacing the left L-4 dorsal root ganglion.

**Disputed Services:**

Left L4-5 partial hemilaminectomy and decompressive foraminotomy with disc excision.

**Decision:**

The reviewer agrees with the determination of the insurance carrier and is of the opinion that the procedures named above are not medically necessary in this case.

**Rationale:**

This decision is based on inconsistencies between the patient's complaints and the clinical objective findings, including exams, imaging studies, as well as electrical results.

Examples of this, in chronological order, would including the patient's subjective complaints as of 11/04/02 of symptoms primarily involving the posterior thigh. On 01/30/03, a pain diagram demonstrated distribution of the right posterior thigh or pure S-1 distribution of symptoms. As of 02/13/03, the patient complained of pain in the left leg, but sensory complaints in the right leg. This was noted in association with her EMG and nerve conduction study evaluation.

On 03/18/03, the doctor comments in regards to the clinical examination demonstrating straight-leg raising bilaterally. It was subsequent to this, on 04/21/03, while being evaluated at a chiropractic clinic, that she complained of sensory symptoms in the form of numbness involving the front of the right leg, in addition to pain at the level of the left heel.

At no point is there notation in the records of a specific L-4 or L-5 nerve root involvement on the left. Her imaging studies in the form of CT myelographic studies would suggest the potential of compression of either L-4 and/or L-5 on that side. The reports do not indicate a contralateral compression of nerve roots. In this setting, there is a high risk of potential failure of resolution of symptoms with the proposed surgical procedure.

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 17, 2003.