

NOTICE OF INDEPENDENT REVIEW DETERMINATION

MDR Tracking Number: M2-04-0301-01
IRO Certificate Number: 5259

October 31, 2003

An independent review of the above-referenced case has been completed by a neurosurgeon medical physician. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by Texas Medical Foundation, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

___ hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to ___.

Sincerely,

CLINICAL HISTORY

Patient is a 37-year-old with work related injury and subsequent low back pain, R lower extremity pain. He has failed multiple conservative treatments. MRI 1/22/02 showed a normal disc at L2-3, 3-4 with degenerative disc disease with disc protrusion at L4-5 and L5-S1. Discogram performed 5/17/02 revealed a negative control at L2-3, partially concordant pain at L3-4, and concordant pain at L4-5 and L5-S1. He has undergone two IDET's which provided some minimal temporary relief.

REQUESTED SERVICE(S)

L4-5, L5-S1 TLIF, instrumentation.

DECISION

The request for instrumented lumbar fusion is recommended as a treatment option consistent with standards in spinal surgery.

RATIONALE/BASIS FOR DECISION

The patient has degenerative disc disease at L4-5 and L5-S1 by MRI with concordant pain on discography. He has failed conservative treatment including IDET. The next treatment option for him is lumbar fusion. By discogram results, he has discogenic pain at L4-5 and L5-S1. Approximately 70-80% of these patients have clinically significant relief with fusion.

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.

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 (20 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 **20** (twenty) calendar 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 or the date of fax (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings/Appeals Clerk
Texas Workers' Compensation Commission
P.O. Box 17787
Austin, Texas 78744

Or fax the request to (512) 804-4011. A copy of this decision must be attached to the request.

The party appealing the decision shall deliver a copy of its written request for a hearing to the opposing party involved in the dispute.

In accordance with Commission Rule 102.4(h), 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 this 4th day of November, 2003.