

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

January 23, 2004

Re: IRO Case # M2-04-0329

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, Rule133.308 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 43-year-old female who was injured in ___ when she slipped and fell. She had a great deal of back pain despite extensive conservative management.

In 1998 anterior-posterior fusion was performed at L4-S1 with considerable hardware placed. The patient improved initially, but the developed lower extremity vascular problems, which in 1999 led to a below the knee amputation and a bifemoral arterial bypass.

The patient now has back pain with phantom left foot pain. Discography has shown difficulty at the L1-2 level, and it was suggested that fusion at that level might be of help, along with spinal cord stimulation and IDET. The patient is taking Coumadin and multiple pain medications at this time. A Greenfield vena cava filter was placed on 8/11/03 in anticipation of possible spinal surgery, which would consist of spinal hardware removal.

Requested Service(s)

Excision & Internal fixation at L4-S1, exploration of fusion

Decision

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

Rationale

The patient's fusion has been shown to be stable and without difficulties such as infection. Under these circumstances it is medically probable that the patient's pain is not related to the fusion instrumentation that was placed over five years ago.

The records provided for this review do not include any diagnostic studies, such as injections, that indicate that the hardware is a problem. Nothing in the records suggest that a problem with the hardware is a source of the patient's back and lower extremity discomfort, except for tenderness to palpation. There is some potential difficulty at L1-2 that could be a source of discomfort, and that would not be dealt with by hardware removal.

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.

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 26th day of January 2004.