

December 2, 2003

Re: MDR #: M2-04-0363-01-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 Spinal Surgery.

**Clinical History:**

This female patient suffered a work-related injury on \_\_\_\_. She has undergone prior L-4 to S-1 fusion and extension of that fusion up to L3-4 in July 2002. She presented to her surgeon with persistent symptoms, and removal of hardware and exploration of fusion was proposed.

The treating surgeon, in January 2003, notes that the patient is having pain down the right leg. The next clinic visit noted was in August 2003, at which time the surgeon again noted a significant amount of pain, especially down the right leg. A subsequent CT scan obtained on 08/19/03, revealed bilateral transpedicular screws secured to the posterior plates with intact hardware and hardware in appropriate position with no lucencies about the hardware.

**Disputed Services:**

Exploration of fusion mass and removal of plate and screw fixation at L3-4.

**Decision:**

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

**Rationale:**

With no lucencies about the hardware, and a solid fusion present, and the hardware in good position, there is no indication that removal of the hardware would reduce the patient's significant right leg symptoms that the surgeon documented in the clinical notes.

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 December 2, 2003

Sincerely,