

## NOTICE OF INDEPENDENT REVIEW DECISION

**Date:** December 19, 2003

**RE: MDR Tracking #:** M2-04-0489-01  
**IRO Certificate #:** 5242

\_\_\_ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to \_\_\_ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

\_\_\_ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by an Orthopedic Surgeon physician reviewer who is board certified in Orthopedic Surgery and had ADL certification. The Orthopedic Surgeon physician reviewer has signed a certification statement stating 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 the referral to for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

### **Clinical History**

The claimant is a 23 year old male with fall from oil tank on \_\_\_. The doctor's history describes 20 foot fall with closed head injury and injury to lumbar spine. Insurance carrier describes a history attributed primarily to a 15 foot fall landing on feet and falling backwards. Sustained burst fracture L3 and had lumbar fusion from L2-L4 with pedicle screws done by the doctor. Subsequently, on 7/18/03, removal of fixation devices was done. On 7/30/03 visit to the physician's assistant he was having left low back pain. He was seen again on 11/03/03 and appeared grossly neurologically intact and was ambulating without assistance.

### **Requested Service(s)**

Computerized Tomography lumbar spine requested on 7/30/03 visit to PAC.

### **Decision**

I agree with insurance carrier that this service is not medically necessary.

### **Rationale/Basis for Decision**

There is no adequate physical examination by operating surgeon. There is no record of range of motion or spasm observed and no detailed neurologic assessment. There are no post operative lumbar spine x-rays with flexion-extension views for instability. There are no pelvic x-rays. An MRI exam done 4/23/03 prior to removal of fixation devices, indicates facet arthrosis at L4-5. the claimant's symptoms are typical of facet pain at that level. Present treatment should be focused on that finding and physical examination should be done with those findings in mind.

There are presently no indications for Computerized Tomography documented in the medical record.

### **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.