

NOTICE OF INDEPENDENT REVIEW DECISION

Date: January 26, 2004

RE: MDR Tracking #: M2-04-0507-01-ss
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 reviewer (who is board certified in Orthopedic Surgery) who has an ADL certification. The 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 has a history of chronic back and leg pain allegedly related to a slip and fall injury at work on ___.

Requested Service(s)

L4/5 decompression/laminectomy, interbody fusion, lateral gutter fusion and pedicle screws with placement of a bone growth stimulator.

Decision

I agree with the insurance carrier that the requested intervention is not medically necessary.

Rationale/Basis for Decision

Documentation does not support any significant stenosis or instability at the L4/5 level. Plain films of the lumbosacral spine, according to report dated 5/8/01, indicate no evidence of degenerative disc narrowing, vertebral body compression or spondylolisthesis. An MRI report of the lumbar spine dated 4/20/01 indicates minimal flattening of the anterior dural sac from a 1-2mm central disc bulge. The nerve roots and lateral canals were normal. A lumbar myelogram and CT scan report dated 2/13/03 documents no foraminal stenosis at L4/5. There is again noted to be a 1-2mm diffuse disc protrusion which only "indents" the dural sac. EMG study on 12/13/01 was normal. NCV indicated the presence of peripheral neuropathies of sural and tibial nerves. There is no clear electrophysiologic evidence of radiculopathy. There is no documentation on flexion/extension views of significant instability at the L4/5 motion segment level to indicate the necessity of fusion. There is no documentation of a clinical radiculopathy or radiographic evidence of significant nerve root compression to indicate the medical necessity of decompression. The claimant has a history of chronic pain disorder with significant psychiatric overlay and I strongly recommend continued conservative management in this clinical setting.

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 (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.