

NOTICE OF INDEPENDENT REVIEW DETERMINATION

MDR Tracking Number: M2-04-0517-01
IRO Certificate No.: 5259

December 23, 2003

An independent review of the above-referenced case has been completed by a medical physician board certified in neurosurgery. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by ____, 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 ____.

CLINICAL HISTORY

This is a 40-year-old female who was injured on the job on _____. She describes pain in her back, neck and left shoulder after repetitive lifting of heavy pieces of metal. Since that time she has been treated with multimodality non-surgical management including physical therapy, injections of both of the facet joints as well as what appears to be epidural injections and radiofrequency ablation as well. She has had an MRI scan dated 2/2/01 which shows minimal disc bulging at L4 which is just abutting the anterior thecal sac and extending outward to create moderate bilateral neural foraminal narrowing. At L5 she has again a tiny disc bulge abutting the anterior aspect of the S1 nerve roots. She has had an EMG of her lower extremities which also finds her to have bilateral L4 and L5 chronic nerve irritation and chronic partial denervation, more prominent on the left.

REQUESTED SERVICE (S)

Lumbar laminectomy, bilateral at L4 and L5.

DECISION

Based on the objective findings of lateral recess stenosis at L4 and positive EMG's of both L4 and L5, it is reasonable to proceed with a lumbar laminectomy at L4 and L5.

RATIONALE/BASIS FOR DECISION

This patient, while complaining predominately of axial pain, that being specifically neck pain as well as back pain, she does have some radiation of pain into her left buttock. Further, she has an EMG which shows chronic denervation of both the L5 and S1 nerve roots bilaterally with evidence of what is described as partial denervation, a characterization not heard in the past. Finally, she has an imaging study that being her lumbar myelogram, which finds her to have posterior protrusion and lateral recess stenosis.

If the patient had not had extensive management to date, this would not be a reasonable procedure. However, as she has been through so much to date and is still not better, it is reasonable to go ahead and do a bilateral laminectomy and foraminotomies over her L5 and S1 nerve roots. Of course, foraminal stenosis generally does not present as back pain so this would be an atypical presentation of a relatively common situation and as such her response to a surgical procedure may not be as complete. That being said, one cannot ignore the objective data or the chronicity of the problem or lack of response to non-surgical means.

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 23rd day of December 2003.