

NOTICE OF INDEPENDENT REVIEW DECISION

January 8, 2004

MDR Tracking #: M2-04-0529-01-SS
IRO Certificate #:IRO4326

The ___ 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 a ___ physician reviewer who is board certified in orthopedic surgery which is the same specialty as the treating physician. 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

This patient sustained an injury on ___ while lifting a heavy box. An MRI dated 10/14/02 revealed a central disc protrusion with severe internal derangement of L5-S1. She has had conservative treatments including facet and epidural steroid injections, anti-inflammatory, narcotic, and muscle relaxant medications, and physical therapy.

Requested Service(s)

The posterior lumbar decompression and fusion at L5-S1

Decision

It is determined that the proposed posterior lumbar decompression and fusion at L5-S1 is not medically necessary to treat this patient's condition

Rationale/Basis for Decision

This patient has a degenerative disc which became symptomatic on or about ___. The MRI on 10/14/02 shows severe degenerative disc with central protrusion. There is no statement that there is nerve root impingement or dural impingement. There is pre-existing back disease as evidenced by previous treatment prior to 10/09/02. Facet joint injections have been performed with mixed results.

There is no evidence of instability and no radiology reports of lumbar spondylosis with facet joint arthrosis. The requested operation is for pain relief with little if any neurological deficit. No electromyography nerve conduction studies have been done to help identify neurological deficits. A fusion at this point may add to the morbidity without improving the pain. Therefore, it is determined that the proposed posterior lumbar decompression and fusion at L5-S1 is not medically necessary.

This decision by the IRO is deemed to be a TWCC decision and order.

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 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, Fax: 512-804-4011.

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in this dispute.

Sincerely,

<p>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 8th day of January 2003.</p>
