

January 12, 2004

Re: MDR #: M2-04-0570-01
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.

Information Provided for Review:

Initially provided for review were correspondence, H&P and office notes, operative reports, and radiology reports. Additional records were provided on 01/02/04 were rehab/occupational medicine progress notes and additional radiology reports.

Clinical History:

This 33-year-old female claimant was injured on her job on ____. She presented to her surgeon with persistent severe back pain. Workup has involved multiple MRI scans, CAT scans, and discogram. An MRI scan of lumbar spine on 01/29/96 reveals unremarkable findings at all levels of the lumbar spine, specifically L4-5 and L5-S1 as well. Sometime between 1996 and 2001, the patient developed interval degenerative disease as evidenced by the report of MRI scan on 05/11/01, which reveals negative findings at L1-2, 203, and 3-4. But L4-5 disc desiccation is seen with a protruding disc extending into the right L4-5 neuroforamen. L5-S1 is negative on this 05/11/01 study.

Another MRI scan of the lumbar spine on 08/28/01 reveals mild disc desiccation at L4-5 without focal disc protrusion, with some annular bulge. L5-S1 shows no evidence of herniated disc on this MRI scan.

An MRI scan of the lumbar spine on 01/17/03 does not mention the L4-5 level at all. It mentions only a tiny central disc protrusion at L5-S1 that measures 3.0 mm in A-P diameter by 5.0 mm in transverse diameter, and this does not abut the thecal sac and does not cause spinal stenosis.

Discography report dated 09/16/03 reveals at L3-4 minimal back pain with no hip or leg pain, and normal discographic appearance upon injection of 1.5 cc. At L4-5, the patient complained of severe low back and bilateral hip and leg pain with a discographic appearance of fragmentation spreading in a posterior protrusion. There is no mention of concordance of the patient's back pain at L4-5. The needle was unable to be successfully placed at L5-S1 due to bony constriction. Following discography, CT was performed.

Disputed Services:

Inpatient length of stay for two (2) days for lumbar laminectomy with fusion and instrumentation L4-5 and L5-S1 with purchase of lumbosacral orthotic brace (LSO).

Decision:

The reviewer agrees with the determination of the insurance carrier and is of the opinion that the treatment and equipment in dispute as stated above is not medically necessary in this case.

Rationale:

Without evidence of concordant pain response at L4-5, a fusion cannot be recommended at this level. Since discography was unable to be performed at the L5-S1 level, and with an MRI showing only a tiny central disc protrusion, one cannot recommend fusion at this level without documenting a concordant pain response along with a morphologically abnormal disc.

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 January 12, 2004

Sincerely,