

**IRO Certificate #4599**

**NOTICE OF INDEPENDENT REVIEW DECISION**

January 23, 2004

**Re: IRO Case # M2-04-0615**

Texas Worker's Compensation Commission:

\_\_\_ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to \_\_\_ for an independent review. \_\_\_ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, \_\_\_ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Neurological Surgery, and who has met the requirements for the TWCC Approved Doctor List or who has been granted an exception from the ADL. He or she has signed a certification statement attesting 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 referral to \_\_\_ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the \_\_\_ reviewer who reviewed this case, based on the medical records provided, is as follows:

History

The patient is a 62-year-old female who was injured in \_\_\_, and developed significant back pain. Physical therapy was not successful in relieving her pain. A 2/25/02 MRI showed an L5-S1 disk rupture with probable nerve root compression on the right side, along with a disk protrusion at L4-5 on the right side. Epidural steroid injections were not helpful to the patient. A 9/4/02 CT myelogram also showed L4-5 and L5-S1 difficulty of a questionably surgical nature. On 1/30/03 microdiscectomy at L4-5 and L5-S1 on the right side was carried out.

The patient continued with significant back pain and some pain into her lower extremities. Discography on 9/8/03 showed no definite concordant pain, except questionably at L3-4. There were the usual changes of degenerative disk disease, but this test was essentially normal, without anything to suggest surgical pathology.

Requested Service(s)

Lumbar laminectomy with fusion and instrumentation at L4-5 and L5-S1 and purchase of a back brace

Decision

I agree with the carrier's decision to deny the requested procedure and purchase.

Rationale

There is nothing in the records provided for this review to suggest spondylolisthesis or any evidence of instability on examinations. There was a negative discogram, which one has to assume was pursued to determine whether a surgical procedure may be indicated, and at which level it should be done. Although in one report it was reported as negative, the discogram did show some potential difficulty at L3-4 with pain produced. This level is not being proposed for surgery. Because of the above factors, the possibility of an unsuccessful extensive operation is such that it is not indicated.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

**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.

In accordance with Commission Rule 102.4 (b), I hereby certify that a copy of this Independent Review Organization (IRO) decision was sent to the carrier and the requestor or claimant via facsimile or US Postal Service from the office of the IRO on this 26<sup>th</sup> day of January 2004.