

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

January 23, 2004

Re: IRO Case # M2-04-0620

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 41-year-old male who was injured on ___ when he fell. He developed bilateral lower extremity pain. The pain is primarily in his low back at this time. An 8/14/03 MRI of the lumbar spine showed a left paramedian L1-2 HNP and an L5-S1 central HNP with some foraminal stenosis bilaterally. There was also a broad-based bulge at L4-5. There was nothing in the records provided for review suggesting instability.

Physical therapy has not been helpful, and the patient does not want epidural steroid injections. There has been no neurologic deficit. Straight leg raising is questionably positive, with pain in both hips, but not in the lower extremities otherwise.

Requested Service(s)

L5-S1 posterior interbody fusion

Decision

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

Rationale

There is trouble at L4-5 as evidenced on MRI, and this may progress after a fusion is done at the level below. There is no EMG, discogram, flexion or extension views or neurologic examination evidence of difficulty confined to the L5-S1 level. The decision for the fusion was made only two months after the patient's injury, and before a full course of physical therapy and the passage of time had been allowed to possibly improve the patient's status. A less extensive procedure has not been mentioned as a possible means of caring for the patient's problem. Although a small incision is mentioned in the records that does not necessarily mean a less invasive technique, as evidenced by the procedure that is going to be pursued through that small incision.

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 26th day of January 2004.