

NOTICE OF INDEPENDENT REVIEW DECISION

Date: February 4, 2004

RE: MDR Tracking #: M2-04-0720-01 ss
IRO Certificate #: 5242

___ 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 an Orthopedic Surgeon reviewer (who is board certified in Orthopedic Surgery) who has an ADL certification. 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

The claimant has a history of chronic back pain allegedly related to a compensable work injury that occurred on or about ___.

Requested Service(s)

Interbody fusion at L3/4 and L4/5, decompression at L2/3 thorough L5/S1

Decision

I agree with the insurance carrier that the requested intervention is not medically necessary.

Rationale/Basis for Decision

Generally clinical work up of a neurocompressive lesion includes EMG/NCV studies and a myelogram prior to any consideration of surgical decompression for a clinical diagnosis of radiculopathy. There is no documentation of EMG/NCV studies supporting a diagnosis of lumbar radiculopathy or a corresponding anatomical defect consistent with an isolated neurocompressive lesion that would necessitate decompression in this clinical setting. The claimant is noted to have decreased sensation on the lateral calf of the right lower extremity; however, an MRI report dated 4/25/03 documents no compressive disc herniation or disc extrusion. There is noted to be no evidence of canal or foraminal stenosis. A myelogram performed on 9/2/03 indicates the presence of only small ventral extradural defects at L3/4 and L4/5. A post myelogram CT also performed on 9/2/03 indicates only mild central canal and neuroforaminal stenosis at L3/4 and L4/5.

There is also noted to be mild bilateral neuroforaminal stenosis and minimal central canal stenosis at L5/S1. These studies do not support the existence of a significant neurocompressive lesion that would necessitate surgical decompression.

As to the necessity of interbody fusion at L3/4 and L4/5, generally fusion is indicated in the presence of significant motion segment instability. There is no documentation of any significant surgical lesion at L3/4 or L4/5 to indicate the necessity of fusion. As noted above, an MRI report dated 4/25/03 indicates no disc herniation or disc extrusion. There is no documentation of flexion/extension views documenting any significant instability at the L3/4 and L4/5 motion segment levels.

The claimant has a history of diffuse lower back pain that is poorly localized with episodes of painful giving way and medical history remarkable for diabetes. Continued conservative management and clinical work up is strongly recommended in this clinical setting.

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 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.