

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

February 6, 2004

Re: IRO Case # M2-04-0744

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 50-year-old male who was injured in ___ when he bent over to remove some mulch from a sprinkler head. The patient was treated with physical therapy and was able to return to work. Because of back pain extending into his left lower extremity, he stopped work in January 2003. The patient's pain extends into the large toe on the left side and is associated with numbness. Epidural steroid injections were tried without help.

A 9/4/02 MRI of the lumbar spine showed a left-sided L4-5 level disk rupture with foraminal stenosis and probable nerve root compression. Lumbar discography on 6/13/03 was positive at L4-5, strongly suggesting that this is the source of the trouble.

Requested Service(s)

IDET at L4-5

Decision

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

Rationale

Since leg pain is a prominent part of the patient's symptoms, it indicates that a procedure designed mainly for elimination of discogenic pain may well be unsuccessful. The MRI suggests the potential of disk rupture outside of the annulus with nerve root compression. An open procedure with disk herniation removal would be the way to deal with this situation. Outcomes with intra-discal percutaneous procedures are likely to be very poor when there is 'extruded' fragment, which may be the case here. Pursuit of a percutaneous procedure would likely delay a more definitive procedure being performed.

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 9th day of February 2004.