IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

February 24, 2004

Re: IRO Case # M2-04-0796

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 39-year-old male who on ___ fell about five feet, landing on his low back and buttocks. He felt initial stiffness and soon developed significant low back pain. Epidural steroid injections and physical therapy led to a return to work, but subsequently the patient developed significant discomfort while working in association with a re-injury in June 2003. The patient continues in physical therapy without significant benefit to the low back. A 7/23/03 MRI of the lumbar spine suggested significant L4-5 disk bulging and a broad-based HNP.

Myelographic evaluation of the lumbar spine on 9/5/03 showed the same broad-based disk rupture potential at L4-5. Discography on 10/10/03 was negative for concordant pain, according to the radiologist's report. In a report by the patient's surgeon, however, it was indicated that there was concordant pain at the L4-5 level. It is significant to note that the patient has had urinary difficulty, with the potential of a neurogenic bladder being present.

Requested Service(s)
IDET procedure at L4-5

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

Rationale
According to the radiologist, the patient's discogram was normal regarding concordant pain. This helps rule out discogenic pain. There are changes on CT myelographic evaluation and MRI that suggest the L4-5 level as the source of the patient's trouble. In addition the EMG suggests nerve root compression. Electrodiagnostic tests and the various other studies suggest that the L4-5 level may be the source of the patient's pain. With the EMG being positive at that level, and the potential of nerve problems causing bladder difficulty, a more definitive procedure should be pursued that would decompress the disk space, either percutaneously or by an open procedure, rather than IDET.

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.

Sincerely,

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 27th day of February 2004.