

**THIS DECISION HAS BEEN APPEALED. THE FOLLOWING IS THE RELATED SOAH DECISION NUMBER:**

**SOAH DOCKET NO. 453-04-4585.M2**

March 2, 2004

David Martinez  
TWCC Medical Dispute Resolution  
MS-48  
7551 Metro Center Drive, Suite 100  
Austin, TX 78744-1609

MDR Tracking #: M2-04-0834-01  
IRO #: 5251

\_\_\_ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this 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, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Medical Doctor board certified and specialized in Orthopaedic Surgery. The reviewer is on the TWCC Approved Doctor List (ADL). The \_\_\_ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors 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 the dispute.

CLINICAL HISTORY

\_\_\_ is a 51-year-old employee of \_\_\_ who missed the last step on a ladder, stepped down and injured her lower spine on \_\_\_. She noted pain in her lower back with radiation into the back of the left hip and down the left leg. The medical records that have been supplied indicate that \_\_\_ is now treating her. An EMG done on 9/10/02 demonstrated some left radiculopathy at the S1 level. \_\_\_ had an MRI that demonstrated narrowing of the disc at the L4/5 level and there was some spinal stenosis that was reported on the MRI. Although it is not reported on the MRI, there are several references made to a spondylolisthesis at L5/S1, which is reported to be present, although he did not find any

actual x-ray reports stating that there is a spondylolisthesis with a defect at that L5/S1 level. At any rate, the patient had a provocative discogram done on December 10, 2003 and she experienced some concordant pain at L4/5. The disc at L5/S1 was reportedly degenerated and the disc above the L4 level was reportedly normal. A fissure was reported in the annulus at the L4/5 level.

#### REQUESTED SERVICE

An outpatient IDET procedure is requested for this patient.

#### DECISION

The reviewer agrees with the prior adverse determination.

#### BASIS FOR THE DECISION

The records indicate that this patient has a chronic non-specific pain complex with no real good localizing signs of where her pain is coming from. She has some radicular pain in the L5 area and her EMG is positive, demonstrating some evidence of radiculopathy in this area. The MRI demonstrates some degree of spinal stenosis and other x-ray studies apparently demonstrate a spondylolisthesis. The treating physician has recommended an IDET procedure for this patient. IDET procedures are usually contraindicated by spinal stenosis and by radiculopathy. These two findings would be a contraindication not to do an IDET procedure on this particular patient. Records indicate that she also has a spondylolisthesis, and spondylolisthesis is another contraindication to IDET procedure.

On review of the recent literature regarding IDET procedures, the Journal of Spine volume 28, November 2003 contains a report by \_\_\_ who found that there was no significant difference in the outcome between IDET procedure and a placebo. He questioned the benefit of the IDET procedure. The reviewer does not find that the supplied medical records support the indication of an IDET procedure for this woman.

\_\_\_ has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. \_\_\_ has made no determinations regarding benefits available under the injured employee's policy.

As an officer of \_\_\_, I certify that there is no known conflict between the reviewer, \_\_\_ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

\_\_\_ is forwarding by mail and, in the case of time sensitive matters by facsimile, a copy of this finding to the treating doctor, payor and/or URA, patient and the TWCC.

Sincerely,

## 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.

**I hereby certify, in accordance with TWCC Rule 102.4 (h), that a copy of this Independent Review Organization decision was sent to the carrier, requestor, claimant (and/or the claimant's representative) and the TWCC via facsimile, U.S. Postal Service or both on this 2<sup>nd</sup> day of March 2004.**