

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

March 29, 2004

Re: IRO Case # M2-04-0837

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 47-year-old male who injured his back in ___. No details of the incident were provided for this review. Conservative measures, including chiropractic treatment, physical therapy and medications did not relieve the patient's discomfort. A 2/8/01 MRI showed a left-sided disk rupture at L4-5 with probable L5 nerve root compression. Two surgeries consisting of decompression at the L4-5 level with disk removal, and IDET have been performed without success.

Discography on 11/4/03 was inconclusive in that the patient's pain was not concordant initially, but in subsequent discussions, the patient indicated that it may have been concordant. This is certainly not a typical positive discogram.

Requested Service(s)

Lumbar TLIF

Decision

I agree with the carrier's decision to deny the proposed surgery.

Rationale

The proposed procedure would be based on a very questionably positive discogram. In addition, no studies reported in the medical records provided for this review show evidence of instability or changes that would suggest that the rather major fusion procedure would be of benefit. Repeat MRI and flexion and extension views have not been pursued. This procedure has too much of a risk of being unsuccessful in relieving the patient's symptoms. The results of the above-mentioned additional studies might alter this opinion.

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 30th day of March 2004.