

March 29, 2004

**NOTICE OF INDEPENDENT REVIEW DECISION
Corrected Letter**

RE: MDR Tracking #: M2-04-0868-01

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The ___ IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to ___ for independent review in accordance with this Rule.

___ has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing physician on the ___ external review panel. The reviewer has met the requirements for the ADL of TWCC or has been approved as an exception to the ADL requirement. This physician is board certified in neurosurgery. The ___ physician reviewer signed a statement certifying that no known conflicts of interest exist between this physician and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to ___ for independent review. In addition, the ___ physician reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a male who sustained a work related injury on ___. The patient reported that while at work he was changing the tire on his truck when he began to experience middle back pain. On 5/12/03 the patient underwent a CT scan of the lumbar spine that indicated a bulging disc at L4-L5. Initially the patient was treated with an epidural steroid injection, physical therapy and medications. On 6/21/03 the patient underwent a MRI of the lumbar spine that showed degenerative changes in the facet joints of L5-S1 and L4-L5. The patient continued physical therapy and chiropractic care and was reported to have undergone a myelogram with CT scan following that showed spinal stenosis at L4-L5 with broad based bulging of the annulus and moderated bilateral facet arthropathy, broad based bulging of the annulus at L5-S1, a 2mm subluxation at L4 and L5, and a mild anterior epidural defect at L4-L5 related to the bulging annulus. The patient continued to complain of back pain and was continued on conservative therapy and fitted with a back brace. On 10/31/03 the patient underwent bilateral L3-L4, L4-L5 medical branch blocks for facet syndrome. On 12/4/03 the patient was evaluated and reported to have continued back pain. A posterior lateral interbody fusion at L4-L5 with posterior lateral instrumentation was recommended.

Requested Services

Posterior Lumbar Interbody Fusion at L4-5 with posterolateral instrumentation.

Decision

The Carrier's denial of authorization for the requested services is upheld.

Rationale/Basis for Decision

The ___ physician reviewer noted that this case concerns a male who sustained a work related injury to his back on ___. The ___ physician reviewer also noted that the diagnoses for this patient have included bulging disc at L4-L5, degenerative changes in the facet joints of L5-S1 and L4-L5, spinal stenosis at L4-L5 with bulging of the annulus, bulging of the annulus at L5-S1, a 2mm subluxation at L4 and L5, and a mild epidural defect at L4-L5. The ___ physician reviewer further noted that treatment for this patient's condition has included epidural steroid injection, physical therapy, medications, and a back brace. The ___ physician reviewer explained that the records provided did not include evidence to support the rationale for the proposed surgery. The ___ physician reviewer further explained that the required objective information needed to support the requested surgery was not included in the records provided. Therefore, the ___ physician consultant concluded that the requested Posterior Lumbar Interbody Fusion at L4-5 with posterolateral instrumentation is not medically necessary to treat this patient's condition at this time.

This decision is deemed to be a TWCC Decision and Order.

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)** days of your receipt of this decision. (20 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)** days of your receipt of this decision. (28 Tex. Admin. Code 148.3)

This decision is deemed received by you 5 (five) days after it was mailed. (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings/Appeals Clerk
P.O. Box 17787
Austin, TX 78744
Fax: 512-804-4011

A copy of this decision should be attached to the request.

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute. (Commission Rule 133.308(t)(2))

Sincerely,

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 19th day of March 2004.