

NOTICE OF INDEPENDENT REVIEW DECISION

Date: May 10, 2004

RE: MDR Tracking #: M2-04-0881-01-SS
IRO Certificate #: 5242

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced 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, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by an Orthopedic Surgeon reviewer (who is board certified in Orthopedic Surgery) who has an ADL certification. The physician reviewer has signed a certification statement stating 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 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 this case.

Clinical History

The claimant is a 44 year old male who was injured on ___ when he fell off a dump truck tire. The claimant eventually underwent laminectomy at L4 level with L5 root decompression. The surgery was unsuccessful. Subsequent MRI on 12-19-02 demonstrated scarring involving L5 root on right side post surgery. The claimant continues with right sided complaints with hypesthesia L5 root and slight weakness on right in L5 distribution. Findings on multiple exams indicate no change in his situation despite numerous procedures by pain management including nucleoplasties at L4 and L5.

Requested Service(s)

Spinal decompression.

Decision

I agree with insurance carrier that the above procedure is not medically necessary.

Rationale/Basis for Decision

This claimant is now 3.5 years post surgery. He has had numerous invasive procedures since with no success. He has findings compatible with L5 root compromise of mild degree following decompression of L5 nerve root in December 2000. His status remains the same. Further invasive procedures will create more scar, and in all likelihood, make him worse. His condition has plateaued long ago and is now fixed and permanent. The above opinion is within reasonable medical probability.

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) 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.