

## NOTICE OF INDEPENDENT REVIEW DECISION

March 25, 2004

MDR Tracking #: M2-04-0926-01-SS  
IRO Certificate #: IRO4326

The \_\_\_ 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 a \_\_\_ physician reviewer who is board certified in orthopedic surgery which is the same specialty as the treating physician. 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

This patient sustained a back injury on \_\_\_ while trying to prevent a patient from falling off an exam table. Conservative treatments have included anti-inflammatory, muscle relaxant, and analgesic medications, chiropractic care, and various local injections.

### Requested Service(s)

Decompression lumbar laminectomy at L2-S1, posterior segmental interbody fusion, posterolateral interbody fusion with cages at L2-3, L3-4, L4-5, and L5-S1

### Decision

It is determined that the proposed decompression lumbar laminectomy at L2-S1, posterior segmental interbody fusion, posterolateral interbody fusion with cages at L2-3, L3-4, L4-5, and L5-S1 are not medically necessary to treat this patient's condition

### Rationale/Basis for Decision

No indication is evident in the furnished documentation for the proposed surgery. The most impressive findings detailed were that of left L5 radiculopathy by history, findings, and studies. Such an extensive procedure is associated with inherent problems and possible complications. Strong evidence must be present for doing such a procedure.

This evidence is not found in the provided medical record. The patient does have degenerative changes in the spine with multiple small bulges. These changes in themselves do not support that the proposed surgery be performed. Also to be considered is the fact that the patient has severe depression. In addition, much of the findings notes on special studies are felt to be pre-existing to the injury on \_\_\_\_\_. Therefore, it is determined that the proposed decompression lumbar laminectomy at L2-S1, posterior segmental interbody fusion, posterolateral interbody fusion with cages at L2-3, L3-4, L4-5, and L5-S1 are not medically necessary.

This decision by the IRO 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) 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 hearing and a **copy of this decision** must be sent to: Chief Clerk of Proceedings/Appeals Clerk, Texas Workers' Compensation Commission, 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 all other parties involved in this dispute.

Sincerely,

<p>In accordance with Commission Rule 102.4 (h), 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 25<sup>th</sup> day of May 2004.</p>
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