

## NOTICE OF INDEPENDENT REVIEW DECISION

**Date:** April 5, 2004

**RE: MDR Tracking #:** M2-04-0932-01

**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 has a history of chronic back pain allegedly related to a compensable injury on \_\_\_.

### **Requested Service(s)**

IDET at L3/4, L4/5

### **Decision**

I agree with the insurance carrier that the requested intervention is not medically necessary.

### **Rationale/Basis for Decision**

The treating clinician states that the claimant meets all the inclusion criteria for IDET according to Saal and Saal Spine 2000. Upon review of all documentation, the claimant does not meet the inclusion criteria. The claimant does not exhibit a normal neurologic exam. An EMG/NCV report dated 1/21/03 indicates a right L4 radiculopathy. MRI demonstrates a compressive lesion. According to MRI report dated 10/12/02 a bulging L4 annulus of 4-5mm displaces the right L4 nerve root sleeve. Discogram did not reproduce concordant pain. According to a clinic note dated 6/5/03 the claimant had complaints of deep, dull, achy sensation in the back and burning sensation in the right thigh. According to discography report dated 12/8/03 the claimant experienced lower back pain to the left side into the left buttock at L3/4, and at L4/5 the claimant experienced pain across the lower back on the right side.

There is no documentation of reproduction of burning sensation into the right thigh at any motion segment level of the lumbar spine. Finally, there is no documentation of a significant surgical lesion at the L4/5 or L3/4 levels to indicate the medical necessity of fusion. Generally fusion is indicated in the presence of instability. There is no documentation of motion segment instability at any lumbar level. The claimant meets only 2 of 5 inclusion criteria according to Saal and Saal Spine 2000 paper. There is no documentation of exhaustion of conservative measures of treatment including but not limited to oral nonsteroidal and steroidal anti-inflammatory medications, bracing and physical therapy emphasizing dynamic spinal stabilization (McKenzie).

### **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.