

May 7, 2004

Re: MDR #: M2-04-0965-01-SS
IRO Certificate No.: 5055

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to ___ for an independent review. ___ has performed an independent review of the medical records to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the Secretary and General Counsel of ___ and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this care for determination prior to referral to the Independent Review Organization.

Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is Board Certified in the area of Orthopedic Surgery and is currently listed on the TWCC Approved Doctor List.

REVIEWER'S REPORT

Information Provided for Review:

TWCC-60, Table of Disputed Services, EOB's
Carrier's correspondence and documentation
Neurosurgeon's documentation 11/05/02 thru 01/27/04
Myelogram w/CT scan and axial tomography of lumbar spine 10/09/03; MRI lumbar spine 08/04/00

Clinical History:

The claimant is a 46-year-old female who experienced a work-related lifting injury to her low back on ____. MRI dated August 4, 2000 showed a degenerative disc and joint changes at L4-L5 and L5-S1 with transforaminal stenosis. The operative report is not included, but this patient apparently underwent surgery in March of 2000 variously described in the records and microdiscectomy or laminectomy. Apparently, she continued to have symptoms. CT myelogram performed on 10/9/03 demonstrated degenerative disc disease at L4-L5, left foraminal narrowing at L4-L5, and central canal stenosis at L5-S1. She has been advised a lumbar laminectomy, discectomy, and fusion at L4-L5 and L5-S1.

Disputed Services:

Posterior lumbar interbody fusion at L4-5, L5-S1 and purchase of LSO back brace.

Decision:

The reviewer agrees with the determination of the insurance carrier and is of the opinion that the procedure and back brace are not medically necessary in this case.

Rationale:

According to Chapman's Operative Orthopaedics, 3rd Edition, chapter 145; *Degenerative Disc Disease*, in some circumstances dual-level surgeries may be justified; however, the results of multilevel fusion for painful disc degeneration are dismal, and it is best avoided. Patient selection is a key determinate in a successful outcome of these procedures. Factors associated with improved outcome include patient's with single-level degenerative disc disease on magnetic resonance imaging, positive concordant pain reproduction on discography, and favorable psychosocial factors.

See also Summary Statement: *Emergent Techniques for Treatment of Degenerative Lumbar Disc Disease*, Spine, Volume 28 (15 S); Supplement 1, August 2003; pgs S24-S25

We are simultaneously forwarding copies of this report to the payor and the Texas Workers' Compensation Commission. This decision by ____ is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of this 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 ten (10) days** of your receipt of this decision (28 Tex. Admin. Code 142.5©)

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

This Decision is deemed received by you **five (5) 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
Texas Workers' Compensation Commission, MS-48
7551 Metro Center Dr., Ste. 100
Austin, TX 78744-1609

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.

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 May 7, 2004.

Sincerely,