

NOTICE OF INDEPENDENT REVIEW DECISION

Date: March 30, 2004

MDR Tracking #: M2-04-0976-01-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 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)

Exploration of L4-5 level on left with possible resection of bony overgrowth of L4-5 facet joint

Decision

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

Rationale/Basis for Decision

Indication for revision of surgery in this clinical setting would include clear evidence of pseudarthrosis, motion segment instability, or neurocompressive lesion. The claimant's last revision surgery was performed on 11/18/02 at L5-S1. A CT scan report dated 6/24/03 indicates solid interbody fusion and posterolateral bone graft fusion masses at L5-S1. At the L4-5 disc level there is no significant neuroforaminal stenosis and nerve roots are not displaced or impressed. The annulus at that level exhibits "bulging", but there is no documentation of any significant herniation compromising the canal. There is no documentation of EMG/NCV studies indicating any clinically significant neurocompressive lesion at the L4-5 level. There are no bend films documenting any significant instability at any motion segment level. There is no documentation of progressive angular deformity over time. Clinical assessment dated 1/20/04 documents "solid posterior lumbar interbody fusion at the L5-S1 level".

In this clinical note, the requesting clinician notes that the patient has sensation of “click” and “klack” sensation in the left and the right lower lumbar area and that the clinician thinks it is consistent with bony overgrowth of the left L4-5 facet joint. A diagnostic Marcaine block at this site did not relieve the claimant’s symptoms. There are no objective studies confirming the left L4-5 facet joint as the pain generator site. The claimant exhibits chronic pain syndrome without localizing signs. The documentation does not support the requested intervention is reasonable or medically necessary. There is no documentation of exhaustion of conservative measures of treatment including, but not limited to, oral non-steroidal and steroidal anti-inflammatory medication, bracing, and physical therapy emphasizing dynamic spinal stabilization (McKenzie). I strongly recommend continued conservative management in this clinical setting.

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.