

April 6, 2004

MDR Tracking #: M2-04-0978-01-SS
IRO #: 5251

___ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this 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, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Medical Doctor board certified and specialized in Orthopedic Surgery. The reviewer is on the TWCC Approved Doctor List (ADL). The ___ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors 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 the dispute.

CLINICAL HISTORY

___ was a 39-year-old gentleman who injured his lower back on ___ while he was performing his regular duties as a fitter for ___. Records indicate that he was moving a heavy steel plate when he began having pain in his lower back. He was initially put on light duty and treated with anti-inflammatory medicines and muscle relaxants for back pain and spondylolesthesis. He was seen ___ M.D. in early January 2001. X-rays revealed facet joint arthrosis at L4/5 and spondylolesthesis at L5/S1. A MRI of the lumbar spine on February 28, 2001 demonstrated degenerative changes at L4/5 and L5/S1. It was ___ opinion that the patient had degenerative disc disease of the spine with left leg sciatica.

A CT of the lumbar spine was done on June 25, 2001. At the same time, a myelogram was performed. It was noted that there was a bulge at L3/4 and L4/5, otherwise the CT scan was consistent with arthritis of the L4/5 and L5/S1 region.

___ recommended epidural steroid injections, these injections had no long-term effect. On December 13, 2001, ___ saw this patient and found him to be at MMI with a 5% whole person impairment.

The patient was seen by ___ in January and February of 2002, complaining of severe back pain and left leg pain. He continued to be treated with pan medicine and muscle relaxants.

____, M.D. saw this patient on February 26, 2002 for a designated doctor exam. The diagnosis given was lumbar facet syndrome with lumbopelvic ligament strain and left S1 joint pain. The patient was deemed not to have reached MMI, and was recommended to undergo facet joint injections and S1 joint injections.

The patient attempted to return to full duty in May of 2002 but had persistent pain. He was seen by ____, M.D. who noted that the patient had continued symptoms of left-sided sciatic pain. He was seen by ____ D.O. for an IME and FCE. The diagnoses remained the same, and it was noted that the patient was not at MMI.

____ as seen for a second opinion by ____, M.D., who diagnosed L4/5 and L5/S1 degenerative disc disease. A CT myelogram was recommended, and it was performed on July 9, 2002. This demonstrated minimal annular bulging at L3/4 and L4/5. ____ felt that the CT myelogram was “essentially normal.” The patient was then referred to ____ for evaluation for IDET procedure, but it was the doctor’s opinion that this patient was not a candidate for IDET procedure.

____ continued to see ____, and in the fall of 2002 he opined that this patient had persistent lumbar degenerative disc disease with spondylolesthesis. On March 6, 2003 ____ saw seen by ____, who noted that the patient had continued lumbar degenerative disc disease. He underwent a lumbar MRI without contrast on November 10, 2003. This demonstrated degenerative disc disease at L4/5 and L5/S1. There was evidence of central spinal stenosis.

____ has recommended a lumbar laminectomy at L4/5 and L5/S1 with instrumentation and fusion. He bases his recommendation on the diagnosis of L4/5 and L5/S1 degenerative disc disease with lumbar instability and left-sided L5 radiculopathy which ha failed conservative treatment. He does note that the patient has progressively worsened his pain and his physical examinations over the two years since his injury. He documents increasing neurological deficits.

REQUESTED SERVICE

Lumbar laminectomy with fusion and instrumentation is requested for this patient.

DECISION

The reviewer disagrees with the prior adverse determination.

BASIS FOR THE DECISION

Based on the information provided, the reviewer finds that he concurs with _____. _____ meets the criteria for the proposed lumbar laminectomy and fusion with instrumentation, based on the fact that the patient has demonstrated to multiple examiners low back pain with left leg sciatica. MRI and CT myelograms do demonstrate evidence of degenerative disc disease at the level proposed. He has had limited relief with lumbar epidural steroid injections, has failed all non-operative conservative approaches, and continues to be symptomatic. His initial x-rays demonstrate spondylolesthesis indicative of potential spinal instability.

___ has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. ___ has made no determinations regarding benefits available under the injured employee's policy.

As an officer of ___, I certify that there is no known conflict between the reviewer, ___ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

___ is forwarding by mail and, in the case of time sensitive matters by facsimile, a copy of this finding to the treating doctor, payor and/or URA, patient and the TWCC.

Sincerely,

YOUR RIGHT TO REQUEST A HEARING

Either party to 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.

I hereby certify, in accordance with TWCC Rule 102.4 (h), that a copy of this Independent Review Organization decision was sent to the carrier, requestor, claimant (and/or the claimant's representative) and the TWCC via facsimile, U.S. Postal Service or both on this 6th day of April 2004.