

May 25, 2004

Re: MDR #: M2-04-0988-01-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 Spinal 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 & documentation, designated doctor exam 02/12/04.  
Treating doctor letter to carrier (not dated); history & physical exam and daily office notes (01/05/03 – 01/23/04).  
Neurosurgeon's consult (01/26/04); therapy notes (10/20/03 – 02/09/04); nerve conduction study 12/11/03, muscle strength testing 10/31/03 – 12/29/03; range of motion assessment 10/30/03; MRI 11/18/03 and addendum 01/29/04.

#### **Clinical History:**

The claimant was injured on the job on \_\_\_\_. He has had persistent back pain and some left buttock and thigh discomfort for which he was treated on multiple visits and surgery was eventually recommended.

#### **Disputed Services:**

Left L5-S1 lumbar discectomy

#### **Decision:**

The reviewer agrees with the determination of the insurance carrier. Lumbar discectomy is not medically necessary in this case.

**Rationale:**

MRI report of the lumbar spine on this patient, dated 11/18/03 reveals diffuse disc desiccation at L5-S1 with a small central and paroxysmal disc protrusion with no neural encroachment. At L4-L5, there is a broad disc bulge with super-imposed right posterior and lateral small disc protrusion. L3-L4 is normal. At L2-L3, there is diffuse disc desiccation. At L1-L2, there is a mild disc bulge. There was an addendum to that report, which reports a midline annular tear at L5-S1 with the midline 3-mm disc protrusion that perhaps slightly displaces the left nerve root.

EMG report on this patient, dated December 11, 2003 reveals an unreliable possibility of an S1 radiculopathy. This is an otherwise normal EMG.

When one reviews the clinic visits on this patient, clinic visit dated Friday, October 13, 2003 reveals the patient complained of pain in his lower back and also pain in his left leg. On repeated follow-up visits from October 17th on however, the patient reports mainly severe low back pain with some left buttock discomfort. Visits on January 7, 2004, January 9, 2004, January 12, 2004, January 14, 2004, January 19, 2004, January 22, 2004, January 28, 2004 all indicate the patient complains of low back pain, and there is no mention of left lower extremity pain. A designated doctor examination dated February 12, 2004 reveals the patient has predominant back pain, but with sitting or laying down he has some pain in the buttock and left knee.

Based on the fact that the patient has mainly low back pain, a left L5-S1 discectomy is an unreliable procedure for reducing the patient's back pain. If he had significant left lower extremity radicular pain with associated weakness or numbness in an S1 distribution, then discectomy may be appropriate. However, a discectomy is not appropriate for a patient with mainly back pain.

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 25, 2004

Sincerely,