

NOTICE OF INDEPENDENT REVIEW DECISION

Date: April 6, 2004

RE: MDR Tracking #: M2-04-0990-01-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 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 is a 45 year old male who injured low back lifting a 35 pound pail of oil on ___ while working for ___. His MRI demonstrated a large herniated disc at L2-3 and on 10-21-97, he had a discectomy at L2. He continued with low back pain requiring narcotic analgesics. On 1-19-2000 he underwent IDET at L4-L5; on 8-15-01 he underwent a fusion with Steffee plates and cages at L4 and L5. He had no lasting relief with this procedure. His plates and screws were removed on 1-15-03. He still continues with low back pain. His neurologic exam is normal and he never had any neurologic deficits.

Requested Service(s)

Fusion at L2 and L3 with Steffee plates and cage fusion anteriorly

Decision

I agree with insurance carrier that above services are not medically necessary.

Rationale/Basis for Decision

This man has undergone four invasive procedures without success. He continues on high doses of narcotics. He is neurologically intact. He has 6mm transitory motion at L4 on flexion-extension lumbar x-rays. There was no motion at that level prior to fusion. His latest MRI shows disc degeneration. He has had no pain management. The surgery proposed has not proved reliable for relief of low back pain attributed to disc degeneration.

The source of pain in this gentleman remains obscure. At present there are no reliable indicators for surgery in this gentleman.

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.