

April 14, 2004

MDR Tracking #: M2-04-0998-01-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

___ is a 36-year-old gentleman employed by ___ who sustained a work-related injury to his lower back on ___. He attempted to catch a dolly that was loaded with heavy material and as a result it caused a sudden burning pain in his lower back, which began to go into both legs. The pain continued to be quite severe and he did not continue working. He consulted a chiropractor, ___. An MRI of the lumbar spine demonstrated a small 1 to 2mm disc bulging at the L4/5 level, and he also had some minimal degenerative changes in the back and other areas, however only the L4/5 joint was the most abnormal finding. It did not seem to cause any neural compression and did not seem to cause any radicular pressure.

This patient's neurological examination remained normal. He had about four months of physical therapy under ___ but did not improve. He was referred for pain management and epidural steroid injections were suggested, but the patient did not desire to have these done.

He was sent to ___ for EMG studies, and these were felt to be normal. He went through some degree of a work hardening program but was not successful in getting back to his job. On 03/28/03 he was referred to ___, an orthopedic surgeon, who noted that the patient had normal neurological findings and a normal EMG. He suggested continuation of the conservative treatment.

He next saw ___ on 07/07/03, and he felt that this patient was having neurogenic claudication due to the L4 disc. He suggested lumbar epidural steroid injections. The patient then saw ___, a spine surgeon who suggested provocative discograms at the lower three levels and a myelogram CT scan. These studies were never done, and the patient went back to ___ who saw him again on 12/17/03. The patient was still not working and still complained of low back and leg pain, which could be on either side. His neurological examination was still normal. ___ indicated that he did not want to have any type of injections done on his back, and ___ told him that there was nothing else that he could do except operate on his back. He then suggested laminectomy with disc removal at L4/5 and decompression both the right and left side at the L4/5 level.

REQUESTED SERVICE

Lumbar laminectomy with disc removal at L4/5 and decompression both the right and left side at the L4/5 level is requested for this patient.

DECISION

The reviewer agrees with the prior adverse determination.

BASIS FOR THE DECISION

The requested surgery is not indicated. This patient still has normal neurological findings on examination and his MRI does not show any significant structural defect that would be causing a great amount of pressure on the neural structures. It is basically a fairly normal benign report of an MRI for a 36-year-old man. Likewise, the EMG that has been done is reported to be normal on this patient, which gives more proof to the fact that there is no real significant neural compression. On the basis of the studies that have been submitted there is no good rationale to do back surgery on this patient.

___ 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 14th day of April 2004.