

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

April 13, 2004

Re: IRO Case # M2-04-1034

Texas Worker's Compensation Commission:

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to ___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Neurological Surgery, and who has met the requirements for the TWCC Approved Doctor List or who has been granted an exception from the ADL. He or she has signed a certification statement attesting 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 referral to ___ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the ___ reviewer who reviewed this case, based on the medical records provided, is as follows:

History

The patient is a 42-year-old female who in ___ was lifting a heavy fryer filled with grease and turned and twisted her back. She developed back pain that soon extended into her left lower extremity, and now is into both lower extremities. She initially went to an ER, where she was given medication and was diagnosed with a lumbar strain. X-rays of the lumbar spine on 12/2/02 were normal. Physical therapy was recommended, and the patient was taken off work.

A 1/7/03 MRI showed some bulging of the disk at L5-S1, with the remainder of the disk being normal. There was no evidence of nerve root compression thought to be present on that examination. Epidural steroid injections were pursued without help. An EMG on 8/4/03 did not show radiculopathy that would suggest nerve root compression.

Requested Service(s)

Lumbar laminectomy/discectomy L5-S1

Decision

I agree with the carrier's decision to deny the proposed procedure.

Rationale

The MRI shows changes at the L5-S1 level of a bulging nature, and the description provided in the records is that it is probably within the realm of a normal bulging disk without nerve root compression being present. Also, neither the patient's examination nor EMG shows anything to suggest nerve root compression as the source of her lower extremity pain. The straight leg raising is described as positive by some, and negative by others, and there are indications that the patient is not completely reliable as far as response to the examination. There is a difference in the straight leg raising degree depending on whether the patient is sitting or lying down. If some other tests, such as CT myelographic evaluation, or even possibly discography, were to show something more in the way of support for a surgically correctable lesion, then a procedure such as the one proposed may be more seriously considered. But with the information available at present, the procedure stands such a risk of failure that it is not indicated.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

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.

Sincerely,

In accordance with Commission Rule 102.4 (b), I hereby certify that a copy of this Independent Review Organization (IRO) decision was sent to the carrier and the requestor or claimant via facsimile or US Postal Service from the office of the IRO on this 14th day of April 2004.