

**IRO Certificate #4599**

**NOTICE OF INDEPENDENT REVIEW DECISION**

April 23, 2004

**Re: IRO Case # M2-04-1040**

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 46-year-old male who in \_\_\_ was injured when the refrigerator he was carrying on a dolly fell on him as he fell down some stairs. The patient developed back and right knee pain. He tried to work for 11 or 12 days. He then went to a hospital and was sent to an outpatient doctor for follow-up. A 4/7/02 MRI of the lumbar spine showed bulging disks, but no focal protrusion, except for some question of a protrusion at L5-S1 on the right side, but without significant

nerve root compression there or elsewhere. A diagnosis of epidural lipomatosis at L3-4 was made on the MRI. In May and September 2002 the patient had right knee surgery. A 6/27/03 discogram showed concordant pain at L3-4 and L4-5, with the L5 level being more concordant since it also produced left lower extremity discomfort. The L5-S1 inner space could not be entered because of anatomical changes.

Requested Service(s)

Lumbar Laminectomy/Discectomy right and left at L5-S1, L4-5, lumbar laminectomy right L3-4

Decision

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

Rationale

The only positive finding on examination by one examiner indicated possible L5 nerve root compression on the right side, but the MRI was not compatible with this, and showed more of a problem at a level below. There has been no imaging study to indicate that surgery is necessary at the various levels proposed. The only time when a "shotgun" approach is worthwhile is when there is some definite probable source of the trouble diagnosed, and the other areas of surgery are performed prophylactically. The success of the surgery depends on there being some definite area of trouble, and in this case the records do not indicate that that is present.

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 26<sup>th</sup> day of April 2004.