

May 3, 2004

Re: MDR #: M2-04-1051-01-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 Orthopedic 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
Correspondence from carrier, medical evaluation 11/10/03 and UR 09/22/03
Report, notes & correspondence as follows:

___: 07/14/03, 01/12/04,

___: 07/30/03, 09/03/03

___: 08/18/03

___: 10/25/02, 07/08/03, 07/10/03, 12/18/03

Nerve conduction study 08/18/03

MRI lumbar spine 07/08/03, lumbar myelogram 08/29/0

Clinical History:

The patient is a 68-year-old male who injured his low back in a fall while at work on ___. He has complained of intermittent low back pain and pain in both extremities since that time. No physical exam evidence of neurological deficit is presented.

The MRI done July 8, 2003 demonstrated L2-L3 protrusion or bulging mildly indenting the sac with mild bilateral foraminal narrowing, L3-L4 herniation mildly indenting the sac mildly narrowing the left foramen, and abutting the L3 nerve root sleeves/dorsal root ganglion, L4-L5 protrusion mildly indenting the sac with foraminal narrowing and displacement of the emanating left L4 nerve root sleeve/dorsal root ganglion, L5-S1 protrusion abutting the sac and S1 nerve root sleeves and moderate right foraminal narrowing.

EMG studies done August 8, 2003 demonstrated findings consistent with right S1 radiculopathy, irritation of the left S1 nerve root, and the posterior rami of the L5 nerve root bilaterally. CT myelogram performed August 30, 2003 demonstrated L4-L5 spondylosis deforming a left L5 nerve root sleeve, L5-S1 spondylosis deforming a right L5 nerve root sleeve, L3-L4 protrusion bulge with left lateral recess narrowing and mild posterior displacement of the L4 nerve root sleeve and a small degree of lateral recess stenosis.

Disputed Services:

L2-3, L4-5 decompressive laminectomy, discectomy and foramotomy

Decision:

The reviewer agrees with the determination of the insurance carrier and is of the opinion that the procedures in dispute as stated above are not medically necessary in this case.

Rationale:

The patient's complaint of intermittent low back pain and normal neurologic examination are inconsistent with back pain and radiculopathy requiring surgical intervention. In addition, electrical studies, MRI findings, and CT myelogram studies are also inconsistent with the requested services and fail to demonstrate disease consistent with the patient's injury. Particularly at L2-L3, there is scant evidence for the need for surgical intervention at this level.

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 3, 2004.

Sincerely,