

MDR Tracking Number: M2-04-1110-01
IRO Certificate # 5259

April 7, 2004

An independent review of the above-referenced case has been completed by a medical physician board certified in neurosurgery. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by ____, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

___ hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to ___.

CLINICAL HISTORY

This is a 66-year-old gentleman who was injured on ___ when he was pushing a large client in a wheelchair onto a lift when he felt pain in his right low back. Subsequent to this he has been imaged using a CT myelogram and he is found to have severe spinal stenosis due to a herniated disc and synovial cysts at the L3 level with a complete block. The patient has now been recommended for a fusion of his lumbar spine after a decompressive laminectomy has been performed.

REQUESTED SERVICE (S)

Lumbar laminectomy with fusion, instrumentation and bone stimulator

DECISION

It is appropriate to perform a decompressive laminectomy, fusion and instrumentation on this patient.

RATIONALE/BASIS FOR DECISION

This patient is noted to have a complete myelographic block. While that does not in and of itself require a fusion it does require surgical attention. In fact, many years ago a myelographic block was felt to be an urgent need for decompressive surgery. We have perhaps backed off on that a bit, but it still is an extraordinarily worrisome sign, combined with this patient's presenting complaints as well as its recalcitrant nature, surgery of course is warranted. To decompress this the patient will need a lumbar laminectomy which satisfies the first request. The patient is also noted to have a synovial cyst at L3. Synovial cysts associated with spinal stenosis is a fairly good combination for instability which would require a fusion and that satisfies the other aspect of this. An instrumentation fusion is a reasonable way of attending to this problem. While the patient has not discontinued smoking, he has already received a cardiology clearance for this operation.

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 (20 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 **20** (twenty) calendar days of your receipt of this decision (28 Tex. Admin. Code 148.3)

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings/Appeals Clerk
Texas Workers' Compensation Commission
P.O. Box 17787
Austin, Texas 78744

Or fax the request to (512) 804-4011. A copy of this decision must be attached to the request.

The party appealing the decision shall deliver a copy of its written request for a hearing to the opposing party involved in the dispute.

In accordance with Commission Rule 102.4(h), 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 this 12th day of April 2004.