

NOTICE OF INDEPENDENT REVIEW DECISION

Revised Notice 06/25/04
Note: Attachment Added

May 04, 2004

RE: MDR Tracking #: M2-04-1112-01-SS
IRO Certificate #: IRO4326

The ___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced 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, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a ___ physician reviewer who is board certified in Orthopedic Surgery, by the American Board of Orthopaedic Surgery, licensed in 1950, and who provides health care to injured workers. This is the same specialty as the treating physician. The ___ physician reviewer has signed a certification statement stating 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 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 this case.

Clinical History

This patient sustained a work related injury on ___ when he lifted a heavy piece of metal and felt a pop in his lower back. On 09/13/00, the patient underwent surgery for an L5-S1 fusion with BAK cages. A MRI of the lumbar spine was performed 12/28/00, which revealed mild facet hypertrophy bilaterally at L4-5. A lumbar myelogram and CT performed on 05/12/2003 revealed no evidence of loosening of fixation cage and minimal spurring at the left facet joint at L5-S1. The patient continues to complain of low back pain as well as left leg pain and weakness.

Requested Service(s)

Transforaminal lumbar interbody fusion (TLIF)

Decision

It is determined that the proposed transforaminal lumbar interbody fusion (TLIF) is not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

Based on the documentation provided, the patient had relevant studies such as the lumbar myelogram and CT done on 05/12/03, lumbar spine x-rays (including flexion/extension views) on 03/11/03, and tomograms of the lumbar spine on 03/11/03. These studies reported to show no evidence of failure (pseudoarthrosis) of the fusion. With these documented findings, there is no indication for an additional fusion procedure. Therefore, the proposed transforaminal lumbar interbody fusion (TLIF) is not medically necessary to treat this patient's condition.

This decision by the IRO is deemed to be a TWCC decision and order.

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 (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 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, Fax: 512-804-4011.

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in this dispute.

Sincerely,

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 4 th day of May 2004.
