

May 14, 2004

MDR Tracking #:

M2-04-1166-01-SS

IRO #:

5251

___ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this 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, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Medical Doctor board certified and specialized in Orthopaedic Surgery. The reviewer is on the TWCC Approved Doctor List (ADL). The ___ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors 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 the dispute.

CLINICAL HISTORY

___ is a 49-year-old gentleman who fell approximately twelve feet from a roof while he was working on ___. He sustained a comminuted displaced fracture of the right distal radius and a fracture in the right sacrum, along with a lumbar spine injury. He was treated for the upper extremity fracture with closed reduction and percutaneous pinning. He apparently developed some degree of reflex sympathetic dystrophy in the upper extremity, and he continued to have lower back pain that has continued in spite of conservative treatment. He is still having rather severe lower back pain with radiation into both hips, along with muscle spasm. He has not been able to return to gainful employment. His arm has done reasonably well, and apparently the main problem that he is having now is with his lower back. He has been evaluated by a psychologist and received some counseling because of the extensive injury and his inability to work. The counselor has felt that he is a stable individual with a good work ethic, and apparently does not seem to have any real significant neurotic tendencies.

This patient was referred to a neurosurgeon, ___, who noted that the patient had a discogram on January 8, 2004 that demonstrated concordant pain with a disrupted disc at L5/S1. In addition, the patient's imaging studies have demonstrated pars interarticularis defects on both sides at L5. The MRI demonstrated a disc bulge eccentric to the left and some evidence of degenerative disc disease at L5/S1. Due to his continuing symptoms and the failure of conservative treatment after over a year, he has suggested surgical treatment of his back, which would consist of surgical decompression and interbody fusion at the L5/S1 level.

REQUESTED SERVICE

L5/S1 decompression laminectomy, foraminotomy, posterior lateral interbody fusion with Brantigan cages, posterior lateral fusion with Steffee Pedicle screws and iliac crest bone and possible VG-2 allograft and dynagraft are requested for this patient.

DECISION

The reviewer disagrees with the prior adverse determination.

BASIS FOR THE DECISION

After review of the multiple records supplied, the ___ reviewer agrees with the neurosurgeon, ___, that surgery is indicated. He agrees that a fusion of the L5/S1 joint, along with decompressive lumbar laminectomy and foraminotomy is indicated.

The reason for this procedure is that ___ has had conservative care and treatment for over a year without any real significant improvement. He does not demonstrate any signs or symptoms of neurosis or symptom magnification and he has continuing pain at the L5 area with x-ray evidence of pars defects and a provocative discogram that reproduces concordant pain at that level. The record also indicates that he is having some difficulty with control of his rectal sphincter.

___ has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. ___ has made no determinations regarding benefits available under the injured employee's policy.

As an officer of ___, Inc, dba ___, I certify that there is no known conflict between the reviewer, ___ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

___ is forwarding by mail and, in the case of time sensitive matters by facsimile, a copy of this finding to the treating doctor, payor and/or URA, patient and the TWCC.

Sincerely,

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.

I hereby certify, in accordance with TWCC Rule 102.4 (h), that a copy of this Independent Review Organization decision was sent to the carrier, requestor, claimant (and/or the claimant's representative) and the TWCC via facsimile, U.S. Postal Service or both on this 14th day of May, 2004.