IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

May 3, 2004

Re: IRO Case # M2-04-1176

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:

Medical Information Reviewed

1. Table of disputed services
2. April, May and August 2003 office visit reports from orthopedic surgeon
3. Lumbar discogram with CT scanning report 1/7/02
4. Lumbar myelogram with CT scaning report 10/26/01
5. Lumbar epidural steroid injection report 2/5/03
6. Texas Inpatient Appeal Decision 10/25/03
7. Neurosurgical evaluation 8/22/01
8. Neurosurgical follow up reports 9/19/01-8/30/02
9. Report 2/5/04
10. D.C. note 2/14/04
11. EMG evaluation report 10/3/02
12. x-ray report 5/7/01

History

The patient is a 53-year-old female who in ___ slipped on some plastic and fell in a sitting position. She developed low back pain with left lower extremity pain. She has since had pain into both lower extremities at times. Physical therapy, medications and epidural steroid injections were not of permanent benefit.

The only neurologic deficit recorded in the records provided was one examiner's findings of a diminished left patellar reflex. This was not found by other examiners. Straight leg raising has been negative. A 10/26/01 lumbar myelogram showed some slight bulging of the L3-4 disk, but it is recorded that spinal stenosis was not present. A 1/7/02 lumbar discogram showed concordant pain at both L3-4 and L5-S1, with the only abnormality on subsequent CT scanning being at L3-4.

Requested Service(s)
L3-4 Laminectomy Discectomy Fusion with instrumentation

Decision
I agree with the carrier's decision to deny the proposed surgery.

Rationale
The records do not indicate that L3-4 is the source of the patient's pain, except the discographic evaluation, which also suggested L5-S1 as a possible source of her discomfort. No neurologic findings were presented that could be related to the L3-4 space, or to any place in the lumbar spine. EMG evaluation was normal. On the report of the CT myelogram it is specifically stated that there is not spinal stenosis at the 3-4 level, although there is some slight bulging of the disk. There is nothing in the records to suggest instability as a problem that would be causing the patient's discomfort.

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 4th day of May 2004.