

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

May 5, 2004

Re: IRO Case # M2-04-1184

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. Letters and denials from carrier 4/9/02, 3/15/04, 2/17/04, 3/12/04
3. Report MRI lumbar spine 1/2/04
4. Report NCS/EMG 1/14/04
5. Progress notes 3/9/04, 2/9/04
6. Operative report injections 2/27/04
7. Letter from M.D. 2/10/04
8. Literature and reference material from requestor

History

The patient is a 45-year-old male who was injured in ___ while lifting 40 pounds over his head. He developed low back pain that soon extended into the anterior aspects of both of his lower extremities to the knees.

The pain has increased with walking, and it radiates at times to his testicles. Physical therapy, medications and epidural steroid injections were only transiently helpful. An MRI of the lumbar spine shows significant bulging at L5-S1, and a serious disk rupture midline at L4-5 described as a 7 x 10 mm rupture. Electrodiagnostic tests have been normal. Examination shows straight leg raising to be positive on the left side at 30 degrees by one examiner, but others have shown no such findings. In general, the patient's neurologic examination is without evidence of nerve root compression.

Requested Service(s)

Orthotrac vest

Decision

I agree with the carrier's decision to deny the purchase of an Orthotrac vest at this time.

Rationale

The literature suggests the possibility that use of the vest could reduce intradiscal pressure at the L4-5 level, where a potentially serious problem is present, and that could provide some relief of the patient's symptoms. Use of the vest on a trial basis for one month would be appropriate. One month would be sufficient to determine whether it would be beneficial on a longer term basis. If that fails, it would appear that the logical pursuit would be consultation with a spinal surgeon to determine whether the L4-5 rupture in the midline should be removed.

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 6th day of May 2004.