

MDR Tracking Number: M2-04-1206-01  
IRO Certificate # 5259

May 3, 2004

An independent review of the above-referenced case has been completed by a neurosurgeon medical physician. 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

The patient is a 50-year-old male who suffered a work related injury \_\_\_ due to a fall. This led to a microdiscectomy and subsequent ALIF at L5-S1. He re-presented with stenosis at L4-5 for which he underwent decompression. He now returns with back pain and left lower extremity pain radiating into the left medial foot. Neurological examination revealed intact strength with positive SLR on the left at 45 degrees. MRI 12/19/03 showed a degenerative facet on the left at L4-5 with a synovial cyst and canal stenosis. Recommendation for decompression and extension of the fusion to L4-5 was recommended.

#### REQUESTED SERVICE (S)

Decompression L4-5, posterior fusion L4-5 with allograft, autograft and instrumentation

#### DECISION

Approved. The disputed procedure is medically indicated.

#### RATIONALE/BASIS FOR DECISION

Degeneration adjacent to a previously fused segment is well documented in the literature. When conservative treatment fails, then decompression may be indicated as an initial procedure.

In this patient, the decompression was performed resulting in temporary relief. The degenerative process continued, however, resulting in recurrent stenosis at L4-5 and formation of a synovial cyst on the left. Repeat decompression may alleviate the patient's problems temporarily but the degenerative process will continue resulting in re-stenosis, reformation of the synovial cyst or disc degeneration. For these reasons, fusion at L4-5 is recommended.

### 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 5<sup>th</sup> day of May 2004.