

May 20, 2004

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TWCC Medical Dispute Resolution  
7551 Metro Center Suite 100  
Austin, TX 78744

MDR Tracking #: M2-04-1256-01-SS  
IRO #: 5284

\_\_\_ 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.

This case was reviewed by a licensed Doctor of Osteopathy who is board certified in Orthopedic Surgery. 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

With the first report dated 09-16-03 and reports dated through 03-05-04, \_\_\_, in 2003, was a 52 year old pilot for \_\_\_ who had a lumbar laminectomy for low back pain on the left at L4-5 in July 2002. He returned to work by December 2002 with him being active and working out and doing very well. On \_\_\_, while in a simulator, the power went out making the simulator crash, jarring his body. This event caused the return of low back pain and now right hip pain, thigh pain and new neck pain. \_\_\_ treated his upper extremities and apparently this has resolved. \_\_\_ denied any bowel or bladder changes. As noted on the numerous physical examinations from multiple doctors, he has undergone a considerable amount of conservative care for the \_\_\_ work injury. With the failure of conservative treatment that has included exercises, pilates, steroid injections, chiropractic treatments the patient is now seeking further care. The MRI report by \_\_\_ is somewhat confusing. It states on 09-18-03 a status right sided laminectomy at L5-S1 with epidural scarring surrounding the right S1 nerve root and a small right paracentral disk extrusion at L5-S1. The patient also had a discogram on 01-28-04, which shows a diffusely degenerated disk at L5-S1. It was noted only one time on the chiropractic reports that there was x-rays of the low back, which showed a moderate degenerated disk disease at L5-S1 from \_\_\_.

REQUESTED SERVICE

The disputed service is the prospective medical necessity of proposed open ALIF with intervertebral device at L5-S1.

DECISION

The reviewer disagrees with the previous adverse determination.

BASIS FOR THE DECISION

The reviewer states that an ALIF for the degenerated lumbar disk at L5-S1 is indicated. The artificial disk has been in use for well over 20 years in Europe and is now no longer an investigational tool in the United States. This information is based on the Charita artificial disk studies, the Spine Society criteria and treatment standards.

\_\_\_ 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 \_\_\_, \_\_\_, 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 this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

In the case of prospective *spinal surgery* decision, a request for a hearing must be made in writing and it must be received by the TWCC Chief Clerk of Proceedings within 10 days of your receipt of this decision. (20 Tex. Admin. Code 142.5(c)).

In the case of other *prospective (preauthorization) medical necessity* disputes a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) 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 (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing should be sent to: Chief Clerk of Proceedings, Texas Worker's Compensation Commission, P.O. Box 40669, Austin, TX 78704-0012. A copy of this decision should be attached to the request.

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute, per TWCC rule 133.308(t)(2).

Sincerely,

**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 20<sup>th</sup> day of May 2004**