

June 23, 2004

MDR Tracking #: M2-04-1374-01
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 Orthopedic 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 51-year-old woman who injured her low back while working on ___. She developed severe low back pain with radiation into the back of the left hip and down the left leg to the left foot. She had chiropractic treatment for about six months after the injury but this did not give her any relief of symptoms. She consulted ___ and a myelogram CT scan was done on September 9, 2002. This demonstrated a shallow midline left-sided disc herniation at the L5/S1 level. ___ also did an EMG on 08/13/02 and it demonstrated S1 radiculopathy. In October 2003 ___ referred her to a multidisciplinary pain management program. He also did three lumbar epidural steroid injections. The pain was not improved by this treatment and the injections did not help her pain for any length of time.

She was seen by ___ on January 23, 2004. He recommended a provocative discogram and consideration for an IDET procedure. He said that if that did not help her pain, then a laminectomy and decompression with possible fusion was indicated. She saw ___ before seeing ___ on December 11, 2003, and he recommended surgery on her back because of lack of improvement from conservative therapy. His recommendation was for laminectomy at L5/S1.

The surgery was not approved because there were no recent imaging studies. The carrier's consultant pointed out that the myelogram/CT scan was done in September 2002 and it was an old study and she needed a current study prior to having this type of surgery. Also, the consultant pointed out that there had been no EMG study to demonstrate any degree of radiculopathy, however that was not true. According to the records presented for this review, this woman has had an EMG. (As noted above, ___ did an EMG on 08/13/02.)

A repeat MRI performed on March 1, 2004 demonstrated a broad-based right-sided disc protrusion at L4/5 in addition to the small to moderate central left-sided disc herniation at L5/S1. According to the report, this means that there is some further disc protrusion at L4/5 that has taken place since the first MRI was done. This is all, of course, merely interpreting a radiologist report and does not involve looking at the actual film.

REQUESTED SERVICE

Lumbar laminectomy at L5/S1 with a three-day length of stay is requested for this patient.

DECISION

The reviewer agrees with the prior adverse determination.

BASIS FOR THE DECISION

The ___ reviewer finds that this woman is a candidate for surgery on her back due to the failure of conservative treatment, but not without a current myelogram/CT scan to determine the status of the L4/5 and L5/S1 interspace.

The carrier's consultant pointed out that the myelogram/CT scan was done in September 2002 and it was an old study and she needed a current study prior to having this type of surgery. She has been over two years without improvement in her back and leg pain. Prior to the requested surgery, a current myelogram/CT scan should be done to determine the status of the L4/5 and L5/S1 interspace. The recent MRI demonstrates some possible problems at the L4/5 interspace and the reviewer finds that a myelogram/CT scan would help determine if she needs to have a two-level exploration and two-level decompression.

Therefore, the reviewer agrees that the surgery should not be done at this time until a myelogram/CT is obtained. Her prior myelogram/CT is nearly two years old, and she has had a recent MRI study that does demonstrate possible disc herniation at L4/5, which was not reported on the initial MRI and myelogram/CT scan.

___ 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 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 23rd day of June, 2004.