

**IRO Certificate #4599**

**NOTICE OF INDEPENDENT REVIEW DECISION**

June 14, 2004

**Re: IRO Case # M2-04-1387**

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. Denial letters
3. Decision of an IRO 4/20/04
4. Report 3/223/04, 3/10/04
5. Lumbar spine x-ray report 3/10/04
6. Lumbar CT myelogram report 2/26/03

### History

The patient is a 49-year-old male who was injured in \_\_\_\_\_. He had a history of a lumbar laminectomy in 1997. Details of the injury and immediate treatment were not provided for this review. A lumbar laminectomy in December 1999 did not result in significant relief, and in 2002 an L4-5 and L5-S1 decompressive laminectomy with fusion was performed. One report indicates that an interbody fusion must have been carried out, but a postero-lateral fusion was also performed. There are no cages or other materials suggesting interbody fusion on the plain x-rays.

What is significant for this review is that the patient had recurrent back pain with leg pain about one year ago, and it was severe in 2003. A 2/26/03 CT myelogram showed multiple potentially surgically significant findings not only at the area spinal stenosis.

### Requested Service(s)

Exploration of fusion, removal of hardware

### Decision

I disagree with the carrier's decision to deny the requested procedure.

### Rationale

Re exploration is indicated by the patient's persistent symptoms and findings, along with a CT myelogram that shows potentially correctable pathology causing nerve root compression. It is probable that removal of hardware will be necessary in dealing with the decompressive aspect of the operation proposed. In addition, the patient has an apparently solid fusion in the area involved, and hardware is no longer of benefit. Removal of the hardware will help with the decompression of nerves in the surgery. Its removal will also make subsequent studies, such as lumbar MRI, more valuable because of the potential interference of hardware with imaging.

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 17<sup>th</sup> day of June 2004.