

NOTICE OF INDEPENDENT REVIEW DETERMINATION

MDR Tracking Number: M2-04-1396-01
IRO Certificate Number: 5259

June 24, 2004

An independent review of the above-referenced case has been completed by a medical physician board certified in neurosurgery. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by Texas Medical Foundation, 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 ___.

Sincerely,

CLINICAL HISTORY

The patient is now a 34-year-old woman who, in ___, injured herself at work. She was stepping off of a table onto a chair when she slipped, lost her balance and fell, twisting her low back. Since then she has been complaining of low back as well as bilateral leg pain, right-sided worse than left. She has had significant chiropractic management with only a modest reduction in her pain. The last clinical data is from an orthopedic surgeon done on March 10th of this year, describing her low back pain as 4 and sometimes as high as 7 on

a scale of 1 to 10. It also is noted that she continues to have bilateral l leg pain, right more than the left. As far as imaging, she has had an MRI scan which finds her to have possible central stenosis and neural foraminal stenosis at both L4 and L5. A CT myelogram has been performed and reviewing the reports and the reports alone, there are small extradural defects with a possible diminished filling of the right L5 nerve root sleeve as well as slight disc bulges at 3, 4 and 5 with borderline stenosis at the L4 level. Narrowing of the disc spaces is noted at both L3 and L5 and but to a lesser degree at L4. Her neurologic exam finds her to have a modified straight leg raising sign on the right. She was noted to have decreased quadriceps reflexes, right more than the left, and decreased right extensor hallucis longus. After little progress being made in the subsequent ten months, a recommendation for a right and left hemilaminectomy at L4 has been made.

REQUESTED SERVICE(S)

Bilateral partial hemilaminectomy and foraminotomy at L4.

DECISION

Approved.

RATIONALE/BASIS FOR DECISION

This patient is not making much progress. She has abnormalities on her CT myelogram. She has some evidence of a right L5 radiculopathy. However, as listed throughout the chart, her main complaint is low back pain. It is possible that reduction of the radicular pain will alleviate some of the symptoms of the low back pain.

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 25th day of June, 2004.