

NOTICE OF INDEPENDENT REVIEW DECISION

Date: July 12, 2004

RE: MDR Tracking #: M2-04-1437-01
IRO Certificate #: 5242

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced 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, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by an Orthopedic Surgeon reviewer (who is board certified in Orthopedic Surgery) who has an ADL certification. The physician reviewer has signed a certification statement stating 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 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 this case.

Note: There was no separation between the documentation received from the Requester and Respondent.

Records for Review:

- Report from ___, psychologist, on 3/3/04
- Imaging studies from ___
- Reports from ___ from 6/30/03 – 4/16/04

Clinical History

On 12/15/03 MRI of the lumbar spine at L3/4 showed a 4.0mm left subarticular disc herniation compressing the thecal sac and impinging on the left L4 nerve root with moderate central canal stenosis and moderate bilateral foraminal narrowing. At the L4/5 level there is a 3mm subligamentous disc herniation with a radial tear in the outer annulus flattening the thecal sac with moderate bilateral foraminal encroachment. At the L5/S1 level there is an annular disc bulge with bilateral facet joint arthrosis and mild bilateral foraminal narrowing. On 1/14/04 ___ noted the claimant incurred injury on ___ when he was attempting to lift a large ice chest full of water and developed severe low back pain. ___ recommended EMG/NCV studies and started the claimant on Bextra. On 1/23/04 EMG/NCV studies showed diffuse lower extremity polyneuropathy consistent with diabetic neuropathy but no signs of acute chronic motor radiculopathy of the bilateral lower extremities. On 3/24/04 lumbar myelogram/CT showed lumbar spinal canal stenosis at L3/4 and L4/5 with extradural compression. On 4/16/04 ___ noted the claimant had continued low back pain with numbness in the legs with disc herniations at L3/4, L4/5; spondylosis at L5/S1, and spinal stenosis at L3/4. ___ recommended the patient for surgical treatment.

Requested Service(s)

3-5 day inpatient length of stay at ____ for laminectomy at L3/4, L4/5 and L5/S1 with posterior lumbar fusion at L3 through S1 with DMP right PTCDG discectomy, posterior lumbar interbody fusion with synthesis spacers at L3/4.

Decision

I disagree with the insurance carrier and find the procedure as requested is medically necessary.

Rationale/Basis for Decision

The claimant had a mechanism of injury related with the pathology found on imaging studies, symptoms, and clinical exams. The claimant has disc herniations at L3/4 and L4/5 consistent with the mechanism of injury as described. The claimant has had appropriate non-operative treatments including therapy, oral medications, activity modification, time for biologic healing and has duration of symptoms to be a candidate for the procedure described.

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 (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.