

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

July 2, 2004

Re: IRO Case # M2-04-1454

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. Carrier note and evaluations
4. Neurosurgical evaluation 2/25/04, 3/24/04, 4/22/04, 5/5/04
5. MRI of the lumbar spine report 4/29/03

History

The patient is a 47-year-old female who in ___ was lifting a heavy incapacitated person, when she developed back and lower extremity pain, as well as numbness in the lower

extremities. She was treated with physical therapy; medications and three epidural steroid injections after an MRI showed degenerative disk disease changes at L4-5 and L5-1, with a small disk rupture at L5-S1. With time, the patient developed some symptoms that were questionably secondary to neurogenic bladder problems. A repeat MRI on 3/17/04 showed enlargement of the L5-S1 disk herniation, and progressive changes at L4-5, leading to spinal stenosis at that level.

Requested Service(s)

L4-S1 lumbar laminectomy, decompression, posterior lumbar fusion and postero lateral fusion with internal fixation, pedical screws, and possible Brantigan cages and dynagraft

Decision

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

Rationale

The patient's continued symptoms of pain from nerve root compression, and the possibility of urinary difficulties, make it probable the decompression of the nerve roots will be helpful in relieving her symptoms. The patient has significant pain in her back without definite nerve root compression being present as the source of that discomfort, and under these circumstances, there is frequently a small amount of movement present that adds to the pain, despite the fact that the flexion and extension views do not show this movement. In this case fusion at the levels involved –L4-5, L5-S1– may well add to the success of the operative procedure.

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 8th day of July 2004.