

07/19/2004

MDR Tracking #: M2-04-1471-01-SS
IRO #: 5284

___ 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.

This case was reviewed by a licensed Medical Doctor who is board certified in Orthopedic Surgery. 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

This patient had an injury on ___ while employed at ___ as an assistant manager when a box fell on the patient knocking her down onto a pallet sustaining an injury to the lower back and left knee. The patient has been seen by ___, ___, ___, ___ and ___ as well as ___. This patient has undergone treatment that has been conservative with physical therapy, chiropractic treatments, TENS unit, massage, ultrasound and injection. She has also had a diagnostic work up consisting of x-rays of the lower back, MRI and EMG. The MRI revealed a L4/5 disk central herniation impinging on the subarachnoid space and an annular tear at L5/S1. A discogram CT scan on 10/3/03 by ___ indicated an annular tear at L4/5 and L5/S1.

REQUESTED SERVICE

The requested service is the medical necessity of a proposed IDET at L4/5 and L5/S1.

DECISION

The reviewer disagrees with the previous adverse determination.

BASIS FOR THE DECISION

In reviewing the Sael and Sael spine paper in 2000 and also the Pain Physician, Volume 4, 2001, there is an algorithm of patients with pain where they are administered the conservative care, then epidural steroid injections, MRI's, diagnostic work ups and a discogram. If the discogram is positive and there are annular tears then there is an indication for an IDET procedure. The reviewer indicates that based upon the algorithm and the article in Spine of 2000 that this is a medically necessary procedure.

___ 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 ____, Inc, dba ____, 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.

Sincerely,

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.

In the case of prospective *spinal surgery* decision, a request for a hearing must be made in writing and it must be received by the TWCC Chief Clerk of Proceedings within 10 days of your receipt of this decision. (20 Tex. Admin. Code 142.5(c)).

In the case of other *prospective (preauthorization) medical necessity* disputes a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) 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 (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing should be sent to: Chief Clerk of Proceedings, Texas Worker's Compensation Commission, P.O. Box 40669, Austin, TX 78704-0012. A copy of this decision should be attached to the request.

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute, per TWCC rule 133.308(t)(2).

Sincerely,

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 20th day of July 2004.