

July 21, 2004

MDR Tracking #: M2-04-1492-01  
IRO #: 5251

\_\_\_ 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.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Medical Doctor board certified and specialized in Orthopedic Surgery. The reviewer is on the TWCC Approved Doctor List (ADL). 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

\_\_\_ is approximately 43 years of age. When employed by \_\_\_, she injured her lower back on \_\_\_ when attempting to lift a heavy object at work. The following day she was seen at the \_\_\_. X-rays of her lumbar spine demonstrated mild levoscoliosis. She was returned to work with restrictions and physical therapy was recommended.

Due to persistent pain, this patient had a lumbar MRI on January 6, 2004. The MRI demonstrated bulging discs at L4/5 and L5/S1 with slight encroachment on the left neuro foramina at L5/S1. An EMG/NCV study on January 13, 2004 demonstrated no evidence of chronic radiculopathy or peripheral neuropathy.

On January 23, 2004 she was seen by \_\_\_ who documented that this patient had decreased dorsiflexion of the left ankle with difficulty walking on her heels and toes and decreased sensation to the left foot. Straight leg was positive on the left. It was \_\_\_'s opinion the patient had discogenic lumbar spine pain with a left-sided S1 radiculopathy. \_\_\_ was recommended epidural steroid injections, and they were delivered by \_\_\_ on February 17, 2004. There is no documentation regarding her response to these injections.

On March 9, 2004 \_\_\_ was seen by \_\_\_ and underwent a designated doctor examination. It was his opinion that the patient had reached maximum medical improvement and rated a 5% whole person impairment using the DRE category II in the AMA Guides for the Evaluation of Permanent Impairment, Fourth Edition.

On April 15, 2004 \_\_\_ reviewed the patient's records and opined that the patient had no surgical implications. On May 10, 2004 \_\_\_ was seen by \_\_\_ of \_\_\_ who opined that the patient had a left-sided L5/S1 disc protrusion. He recommended an L5/S1 discectomy. Please note that the patient saw \_\_\_, an orthopedic surgeon, several weeks prior to seeing \_\_\_. \_\_\_ allegedly recommended a two-level front and back fusion with plates and screws. The patient was seeking a second opinion when she saw \_\_\_.

#### REQUESTED SERVICE

A lumbar laminectomy at L5/S1 is requested for this patient.

#### DECISION

The reviewer disagrees with the prior adverse determination.

#### BASIS FOR THE DECISION

\_\_\_, a 42-year-old woman who sustained a low back injury on \_\_\_ while employed for \_\_\_. The diagnoses include recurrent lower back pain with left leg pain secondary to L5/S1 herniated disc.

Based on the medical records provided for review, this patient's condition does reach the medical necessity for the proposed lumbar laminectomy at L5/S1. Please note that she has failed all conservative treatment. Her physical examination has been documented by several different examiners to be consistent with a L5/S1 HNP with left-sided S1 radiculitis/radiculopathy. Her MRI of the lumbar spine confirms disease at that level. The next reasonable and logical step would be an L5/S1 discectomy and laminectomy.

\_\_\_ 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 \_\_\_, 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.

\_\_\_ is forwarding by mail and, in the case of time sensitive matters by facsimile, a copy of this finding to the treating doctor, payor and/or URA, patient and the TWCC.

Sincerely,

#### **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.

**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 21st day of July 2004.**