

NOTICE OF INDEPENDENT REVIEW DETERMINATION

MDR Tracking Number: M2-04-1586-01
IRO Certificate Number: 5259

July 29, 2004

An independent review of the above-referenced case has been completed by a neurosurgeon medical physician. 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 a 32-year-old white female who sustained a work related injury on ___ with subsequent back and leg pain. She has undergone extensive conservative treatment including PT, chiropractic therapy and ESI without lasting relief. MRI L-spine (7/9/02) showed degenerative disc disease at L5-S1 with disc bulge and a central disc bulge at L4-5. Subsequent discography apparently revealed concordant pain at L5-S1 with negative control. Post-CT discography revealed annular tears at L5-S1 and to a lesser extent at L4-5.

Follow-up MRI (3/9/04) failed to comment on the status of the L5-S1 disc. She underwent annuloplasty without significant lasting relief. An anterior-posterior fusion with instrumentation was recommended.

REQUESTED SERVICE(S)

Anterior interbody fusion L5-S1 followed by posterior instrumentation/decompression.

DECISION

Approved. The requested service is consistent with medically acceptable treatment.

RATIONALE/BASIS FOR DECISION

Discogenic pain is well documented in the literature as a cause of back pain. The patient has been refractory to all conservative treatment and therefore surgical intervention is warranted as a last option. The highest fusion rates occur with interbody fusion combined with posterolateral fusion and instrumentation. Decompression of selected nerve roots is generally performed during the posterior portion of the procedure.

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 30th day of July 2004.