



# Texas Medical Foundation

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## NOTICE OF INDEPENDENT REVIEW DECISION

November 13, 2003

### Requestor

Sanjoy Sundaesan, MD  
Attn: Julie  
1511 Tenth Street  
Wichita Falls, TX 76301

### Respondent

Continental Casualty Company c/o CNA  
Attn: Deborah Line  
Fax #: (214) 220-1645

RE: Injured Worker:  
MDR Tracking #: M2-04-0265-01-SS  
IRO Certificate #: IRO4326

The Texas Medical Foundation (TMF) 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 TMF for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

TMF 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 a matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in Neurological Surgery. TMF's health care professional 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 TMF for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

### Clinical History

This patient sustained injuries to her cervical, lumbar, and thoracic spine on \_\_\_\_\_ from a motor vehicle accident. A lumbar MRI dated 07/20/00 was negative. She has had physical therapy, analgesic and anti-inflammatory medications, two lumbar epidural steroid injections, and three lumbar facet joint injections. She also underwent two bilateral radio frequency facet neurotomies, sacroiliac joint injections, and bilateral transforaminal injections. A discogram performed 04/16/03 revealed an annular tear at L5-S1 with concordant pain.

Requested Service(s)

360 degree fusion and decompression with instrumentation at L5-S1

Decision

It is determined that the proposed 360 degree fusion and decompression with instrumentation at L5-S1 is not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

There is not enough recent evidence (examinations, testing, etc.) to justify a 360 degree fusion. There are, however, notations that describe this patient as obese, as a smoker, and as having hypertension, migraines, asthma and type II diabetes (diet controlled) with bipolar disorder. These co-morbidities put her at high risk for an unsuccessful fusion.

The first treatment for chronic back pain is to remove all the factors that contribute to it. Her tobacco use, weight, and deconditioning should all have been addressed, or at least commented on, before a surgical procedure, much less a fusion, be contemplated. Therefore, it is determined that the proposed 360 degree fusion and decompression with instrumentation at L5-S1 is not medically necessary.

This decision by the IRO is deemed to be a TWCC decision and order.

**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 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, Fax: 512-804-4011.

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in this dispute.

Sincerely,

Gordon B. Strom, Jr., MD  
Director of Medical Assessment

GBS:dm

cc: Program Administrator, Medical Review Division, TWCC

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 13<sup>th</sup> day of November, 2003.

Signature of IRO Employee:

Printed Name of IRO Employee: