

IRO America Inc.

An Independent Review Organization

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Amended 9/22/05
September 15, 2005

TWCC Medical Dispute Resolution
Fax: (512) 804-4868

Patient: _____
TWCC #: _____
MDR Tracking #: M2-05-2124-01-SS
IRO #: 5251

IRO America Inc. (IRO America) has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission (TWCC) has assigned this case to IRO America for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

IRO America 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; the Reviewer is a credentialed Panel Member of IRO America's Medical Knowledge Panel who is a licensed MD, board certified and specialized in Orthopedic Surgery. The reviewer is on the TWCC Approved Doctor List (ADL).

The IRO America Panel Member/Reviewer is a health care professional who 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 IRO America for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

RECORDS REVIEWED

Notification of IRO assignment, information provided by Requestor, Respondent, and Treating Doctor(s) including: 4-24-01 Dr. Walter8-25-4 MRI10-18-04 W. Long, MD: Pain and Recovery Clinic of Houston12-1-04, 1-11-5, several OV McKay, MD12-1-4 FCE12-16-04 ? Dr. Proler. 2004-2005 PT Pain and Recovery Clinic of Houston >80 visits2004-2005 PT Pain and Recovery Clinic of Houston1-13-05, 2-10-05. Dr. W. Long 45-27-5 J Hood: RME5-10-5, R. Francis, MD5-24-05, Dr. Wm Blair, GENEX6-2-5, Long.

CLINICAL HISTORY

4-24-01 Dr. Walter. OTJ_____, LL, SCI 9/97. Chronic lbp. Inc actgivity. Rle: C + N and weakness R. PE weak EHL bil. + slr bilat

5-24-04 OTJ struck in back by 200 lb car ice and soft drinks, new leg N. flight attendant

8-25-4 MRI Postop change. R lat recess st, prob very small rec hnp 51 R. Sounds like an explanation for RIGHT S1 RADIC.

10-18-04 W. Long, MD: Pain and Recovery Clinic of Houston: lbp bil leg. PE dec L 51. L EHL and dorsi 4/5.+ rts. Dx recurrent hnp but this is not consistent with the mri which is on the right!

12-1-04, 1-11-5, several OV McKay, MD: Inc walking, standing bending, Bil leg, 1 F R>L. PT NSAID. Paxil and Trazadone. PMH + D..MRI 8-25-4: R lat recess st, probabler samall recurrent HNP. Dx HNP, SIJ. Rec esi./ 80% better s/p esi. Plans SIJ inj.

12-1-4 FCE consistent effort

12-16-04 ? Dr. Proler. MRI recurrent HNP L5S1. R. EMG = chronic R S1

2004-2005 PT Pain and Recovery Clinic of Houston >80 visits!!!. Referred by Dr.

Long...

1-13-05, 2-10-05. Dr. W. Long Epi lbp. otj 5-24-04 stuch in back by 200 lb car ice and soft drinks, new leg N. flight attendant.lbp, bil le N. PT., esi, better. Much better. Inc rom. PMH + LL 1977. PE flx > leg pain L.SLR + L.Dx radic. Rx: esi, PT. Carrier delay in Rx, lost chart. Dx HNP.

4-27-5 J Hood: RME, c/o lbp bil to F, no dist. MRI foram bil.AJ dec R. Dx SIJ/ chronic pain. Rec neurontin, antiD, SIJ inj. Candidate for a 2 level decomp and fusion! But no obj L5 radic.

5-10-5, R. Francis, MD: s/p LLD 51 1994, and redo 1996. lbp and bil leg.EMG 12-4 = chronic R S1.MRI complete collatpse 51 + foram. 6 mos failed nonsurg. PE no objective. F/E -. DD 51. Rec: surgical candidate for ADR.

5-24-05, Dr. Wm Blair, GENEX. Requested service was artificial disc replacement with Charite disc. "Surgery unnecessary and unrelated to event. Facet arthrosis contraindicated to DAR. Non specific to back pain, chronic pain patgient, no medical evidence to explain SI jount pathology from previous DOI. Degenerative Spinal Stenosis. Dr. William Blair."

6-2-5, Long. Carrier dispute. Otho consult support surgical procedure. Inproved nonsurg 7/10 to 4/10. Surgical candidate. Hood IME = R lat recess st. revurrent HNP . Foram bil 51. Rec 2 level decomp and fusion(!). Dr. Francis Dx DDD 51. He recs ADR 51. "Every medcial professional ...claims that she is a surgical candidate..." Rec SIJ inj and ADR.

DISPUTED SERVICE(S)

Under dispute is prospective and/or concurrent medical necessity of Lumbar Disc Replacement at L5-S1 with Charite Artificial Disc.

DETERMINATION/DECISION

The Reviewer agrees with the determination of the insurance carrier.

RATIONALE/BASIS FOR THE DECISION

The MRI scan result supports a diagnosis of right S1 radiculopathy, but does not support bilateral S1 radiculopathies, nor did the radiologist find bilateral foraminal stenosis at L5-S1 to support bilateral L5 radiculopathies. Therefore, performing an ADR in order to indirectly decompress the L5 nerve roots is not supported by the MRI scan.

Artificial Disc Replacement (ADR) is currently receiving very lukewarm acceptance because it has not been shown to be superior to spinal fusion, and has significant risk of serious

complications associated with revision. As such, further study is probably indicated to determine its efficacy.

Screening Criteria

General:

In making his determination, the Reviewer had reviewed medically acceptable screening criteria relevant to the case, which may include but is not limited to any of the following: Evidence Based Medicine Guidelines (Helsinki, Finland); Texas Medical Foundation: Screening Criteria Manual (Austin, Texas); Texas Chiropractic Association: Texas Guidelines to Quality Assurance (Austin Texas); Texas Medical Foundation: Screening Criteria Manual (Austin, Texas); Mercy Center Guidelines of Quality Assurance; any and all guidelines issued by TWCC or other State of Texas Agencies; standards contained in Medicare Coverage Database; ACOEM Guidelines; peer-reviewed literate and scientific studies that meet nationally recognized standards; standard references compendia; and findings; studies conducted under the auspices of federal government agencies and research institutes; the findings of any national board recognized by the National Institutes of Health; peer reviewed abstracts submitted for presentation at major medical associates meetings; any other recognized authorities and systems of evaluation that are relevant.

CERTIFICATION BY OFFICER

IRO America has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. IRO America has made no determinations regarding benefits available under the injured employee's policy.

As an officer of IRO America Inc., I certify that there is no known conflict between the Reviewer, IRO America and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

IRO America is forwarding by mail or facsimile, a copy of this finding to the TWCC, the Injured Employee, the Respondent, the Requestor, and the Treating Doctor.

Sincerely,
IRO America Inc.

Dr. Roger Glenn Brown
President & Chief Resolutions Officer

Cc:

Richard Francis, MD
Attn: Irene
Fax: 713-383-7500

American Home Assurance Company c/o FOL
Attn: Kelly Pinson
Fax: 512-867-1729

Walter Long, MD
Fax: 713-785-2659

YOUR RIGHT TO APPEAL

If you are unhappy with all or part of this decision, you have the right to appeal the decision. The decision of the Independent Review Organization is binding during the appeal process.

If you are disputing the decision (other than a spinal surgery prospective decision), the appeal must be made directly to a district court in Travis County (see Texas Labor Code 413.031). An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable. If you are disputing a spinal surgery prospective decision, a request for a hearing must be in writing and in must be received by the Division of Workers' Compensation, Chief Clerk of Proceedings, within ten (10) days of your receipt of this decision.

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 15th day of September, 2005.

Name and Signature of Ziroc Representative:

Sincerely,
IRO America Inc.

Dr. Roger Glenn Brown
President & Chief Resolutions Officer