

October 14, 2004

Re: MDR #: M2-05-0034-01-SS
IRO #: 5055

Dear ____

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to ____ for an independent review. ____ has performed an independent review of the medical records to determine medical necessity. In performing this review, ____ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the Secretary and General of ____ and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this care for determination prior to referral to the Independent Review Organization.

Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is Board Certified in Spine Surgery and is currently listed on the TWCC Approved Doctor List.

REVIEWER'S REPORT

Information Provided for Review:

TWCC-60, Table of Disputed Services, EOB's

Information provided by Requestor:

- correspondence 08/12/04
- office notes 07/01/03 – 07/22/04
- nerve conduction study 07/22/03
- radiology report 07/22/03

Information provided by Respondent:

- summary of carrier's position 09/15/04
- correspondence 07/28, 08/20, 09/09/2004

Clinical History:

The claimant is a 43-year-old gentleman with complaints of low back pain.

The report of the patient's lumbar MRI dated July 2003, shows spondylosis at L3-4, L4-5, and L5-S1. Clinic notes in which the treating physician reports that the claimant is being appropriately treated with the antiinflammatory Arthrotec. The physician reports modic change at L5-S1 and degenerative discs at L5-S1, L4-L5, and L3-L4. He does report on his September 16, 2003 note that the patient has not been helped with physical therapy.

Disputed Services:

Three-level lumbar discectomy, fusion with instrumentation.

Decision:

The reviewer agrees with the determination of the insurance carrier and is of the opinion that three-level lumbar discectomy, fusion with instrumentation is not medically necessary in this case.

Rationale:

Physical therapy notes on this patient were specifically requested but not provided. There are apparently no physical therapy notes from any provider in this patient's chart. Appropriate conservative care for lumbar degenerative disease includes non-steroidal anti-inflammatories as well as seeking assistance with formal physical therapy and a directed program specifically targeting the lumbar spine.

We are simultaneously forwarding copies of this report to the payor and the Texas Workers' Compensation Commission. This decision by ___ is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of this 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 ten (10) days** of your receipt of this decision (28 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 twenty (20) days** of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you **five (5) 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 Workers' Compensation Commission, MS-48
7551 Metro Center Dr., Ste. 100
Austin, TX 78744-1609

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

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 October 14, 2004.

Sincerely,