

## NOTICE OF INDEPENDENT REVIEW DECISION

**Date:** November 8, 2004

**RE: MDR Tracking #:** M2-05-0210-01  
**IRO Certificate #:** 5242

\_\_\_ 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 \_\_\_ 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, 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 an orthopedic surgeon reviewer (who is board certified in orthopedic surgery) who has an ADL certification. The physician reviewer 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 for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

### **Submitted by Requester:**

- Office Notes from \_\_\_
- Lumbar Myelogram 9-2-03
- Lumbar Myelogram and CT 6-9-03

### **Submitted by Respondent:**

- Case Management report 2-15-04
- Case Review 8-27-04
- Office notes \_\_\_
- Notes from \_\_\_
- Notes from \_\_\_ 5-29-03
- Notes from \_\_\_ 9-10-02
- Notes from \_\_\_
- MRI lumbar spine 7-30-02
- Xray reports Thoracic and Lumbar spine
- Office notes \_\_\_ 1-16-03
- Lumbar Myelogram 9-12-03
- Lumbar Myelogram and CT 6-9-03

## **Clinical History**

This 57 year old female with low back pain radiating to left lower extremity that began while working as an assembler on \_\_\_\_\_. She had a prior history of similar problem in \_\_\_\_\_ which was successfully treated with probable Chymopapain. Co-morbidities are diabetes insulin dependent, obesity (240 pounds) and 20 year history of 2 packs per day smoking. Epidural steroids, anti-inflammatories, analgesics, antidepressants, and physical therapy have been tried without success. Lumbar x-rays, MRI and myelogram/CT show no evidence of disc herniation or spinal instability or stenosis. There is finding of disc desiccation and facet arthropathy (arthritis). There is no evidence of neurologic deficit on physical examination related to spinal pathology.

## **Requested Service(s)**

Lumbar laminectomy with bilateral transverse process fusion at L4-S1 with autologous and allograft bone.

## **Decision**

I agree with the insurance carrier that above services are not medically necessary.

## **Rationale/Basis for Decision**

There are no clinical indicators for surgery in the above patient. There are no neurologic deficits, no findings on imaging studies that indicate spinal instability or nerve involvement. There is no evidence anywhere in evidence based medicine that indicates the above surgery has any efficacy in treating lumbar arthritis, which are the only findings on imaging studies in this case. AHCPR Clinical Guideline #14 Acute Low Back Pain in Adults; does not recommend spinal fusion in a patient with the above clinical presentation (see page 90). There is also mention of moderate arthritis of the left hip, and I saw no evidence of a hip examination in the clinical notes, this could well be the source of her antalgic gait and would be unrelated to her back injury.

## **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 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.

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 patient, the requestor, the insurance carrier, and TWCC via facsimile or U.S. Postal Service from the office of the IRO on this 8<sup>th</sup> day of November 2004.