

MEDICAL REVIEW OF TEXAS

[IRO #5259]

3402 Vanshire Drive

Austin, Texas 78738

Phone: 512-402-1400

FAX: 512-402-1012

NOTICE OF INDEPENDENT REVIEW DETERMINATION

TWCC Case Number:	
MDR Tracking Number:	M2-05-0215-01-SS
Name of Patient:	
Name of URA/Payer:	
Name of Provider: (ER, Hospital, or Other Facility)	
Name of Physician: (Treating or Requesting)	Dr. M, DC

October 25, 2004

An independent review of the above-referenced case has been completed by a medical physician board certified in orthopedic surgery. 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

Medical Review of Texas (MRT) 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 MRT.

Sincerely,

Medical Director

CLINICAL HISTORY

On ____ this patient lifted a patient that she was caring for and developed low back pain. The first record available for review was an office visit to Dr. C, MD on 8/6/03 which stated that this patient had low back pain and left leg pain.

MRI was performed on 8/12/03 and 7/28/04. Both were consistent with spondylosis and mild narrowing of the L5-S1 nerve foramina on the right.

The patient has been evaluated by two neurosurgeons, Dr. P, MD, PhD on 9/2/03 and by Dr. T, MD, PhD on 6/9/04. She has had EMGs and nerve conduction studies performed by W, MD on 11/26/03. She has had extensive physical therapy and pain management provided by Dr. Q, MD. Treatment has included multiple medications including anti-inflammatory medications. She has had at least one epidural steroid injection on 1/26/04 and possibly a facet injection; however, the operative procedure report was not available for review.

The patient has remained symptomatic throughout with no response to any treatment provided.

REQUESTED SERVICE(S)

Medical necessity of the proposed lumbar laminectomy.

DECISION

Denied. Concur with the carrier that there is insufficient evidence to support the necessity for treatment requested.

RATIONALE/BASIS FOR DECISION

There is a lack of objective evidence of pathology to warrant this form of treatment for nerve decompression. This patient initially injured her low back at work on ____ when she was 60 years old. Her initial complaint on 8/6/03 when she was seen by Dr. C, MD was low back

and left leg pain. It was not until 10/15/03 that Dr. C noted a bilaterally positive straight leg raising test. Even on 2/18/04 he stated that straight leg raising produced pain on the right but he could not be sure if it was radicular pain.

In fact, no examination performed demonstrated objective evidence of radiculopathy. EMG and nerve conduction studies performed by Dr. W, MD on 11/26/03 were negative. Two MRIs of the lumbar spine performed on 8/12/03 and 7/28/04 at Lubbock Diagnostic Radiology showed diffuse degenerative changes with a right sided disc bulge at the L5-S1 level, mildly narrowing the right lateral foramina at that level. However, Dr. P, MD, PhD, a neurosurgeon evaluated the patient on 9/2/03. He reviewed the first MRI and stated in his note that the narrowing of the right foramina at L5-S1 was minimal and "overall the canal appeared to be quite copacious".

The patient was examined by multiple physicians including two neurosurgeons and two neurologists. There was no documentation of neurological deficit that could be attributed to the right L5-S1 region. In fact, the patient's examination was quite inconsistent. She inexplicably could neither heel nor toe walk.

The findings on MRI and the patient's complaints of pain are much more consistent with the diagnosis of spondylosis, which she is known to have, rather than to the diagnosis of radiculopathy. A lumbar laminectomy and discectomy will not effectively treat this problem and may actually make her symptoms worse by further disrupting the L5-S1 disc and adding to any spinal instability that she may have due to her underlying arthritic condition.

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 26th day of October, 2004.

Signature of IRO Employee: _____

Printed Name of IRO Employee: