



Specialty Independent Review Organization, Inc.

November 22, 2004

Hilda Baker
TWCC Medical Dispute Resolution
7551 Metro Center Suite 100
Austin, TX 78744

Patient:
TWCC #:
MDR Tracking #: M2-05-0305-01-SS
IRO #: 5284

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

Specialty IRO 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.

This case was reviewed by a licensed Doctor of Osteopathy who is board certified in Orthopedics. The reviewer is on the TWCC ADL. The Specialty IRO health care professional 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 Specialty IRO for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

This 39 year old female employed by ___ as a cleaner on ___ was pulling a bucket, tripped and fell, injuring her low back and right shoulder. The treatment was with a chiropractor and three months of physical therapy.

Material reviewed: Dr. B Notes 9-7-04, 10-14-04. Dr. O Notes 6-22-04, 8-23-04.
Dr. G Note 7-2-04. Dr. F. Note 5-21-04. Dr. N EMG 4-15-04.
Dr. M report 5-13-04, 6-14-04. Memorial MRI and Diagnostic 3-10-04. IntraCorp denials 9-16-04, 10-4-04.

This patient had an MRI on 3-10-04 at Memorial MRI and Diagnostic with the results of a posterior annular tear of L5-S1, protruded lumbar disc L5-S1, and lumbar mild-moderate facet hypertrophy. Patient's EMG of 4-15-04 showed bilateral S-1 radiculopathy.

Physical examination on 5-21-04 showed her gait is normal. She is capable of toe and heel walking. Inspection of her back shows no deformity, swelling, or discoloration. She has a slightly prominent abdomen with weak abdominals. On forward flexion, she accomplished 50 degrees of flexion, extension 10 degrees, and lateral bending to the right at 5 degrees and to the left at 15 degrees. Sitting root test is positive on the right and negative on the left. Reflexes of the patella are 2+ and symmetric. The right Achilles is absent, the left is 2+. Motor power in the sitting position is unremarkable except for the right peroneus and gastroc soleus that shows a 4/5 weakness as compared to the left. In the supine position, straight leg raising on the right is positive at 45 degrees of hip flexion associated with a positive Lasegue's and bowstring. On the left side, straight leg raising causes contralateral leg pain at 70 degrees of hip flexion. There is no ipsilateral leg pain otherwise. She has full range of motion of both hips, knees, and ankles. Negative Patrick's. Sensory is decreased on the S1 dermatome on the right. Babinski's is negative. There is no clonus or rigidity. Pulses are normal throughout.

The patient's physical examination on 7-2-04 revealed Kernig/Brudzinski Test was positive on the right, Supine Straight Leg Raise was negative on the left and positive on the right. Sitting Straight Leg Raise was negative on the left and positive on the right. Sitting Root Test was positive on the right. Patrick/Faber Test was positive on the right. Babinski Test was negative.

REQUESTED SERVICE

The item in dispute is the prospective medical necessity of lumbar laminectomy L5-S1 Right, 63030.

DECISION

The reviewer disagrees with the previous adverse determination.

BASIS FOR THE DECISION

The proposed lumbar Laminectomy L5-S1 (63030) is recommended because the trial of physical therapy and chiropractic treatments has not improved patient's condition. The patient has a protruded nucleus pulposus L5-S1 that has impaled the right nerve root as noted on the physical examinations.

References: Pain Physician Volume 4 2001. Campbell's Operative Orthopedics 10th Edition.

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

made a reasonable attempt to obtain all medical records for this review and afforded the requestor, respondent and treating doctor an opportunity to provide additional information in a convenient and timely manner.

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

Sincerely,

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.

In the case of prospective *spinal surgery* decision, a request for a hearing must be made in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** days of your receipt of this decision. (20 Tex. Admin. Code 142.5(c)).

In the case of other *prospective (preauthorization) medical necessity* disputes a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) 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 (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 Worker's Compensation Commission, P.O. Box 17787, Austin, TX 78744. The fax number is 512-804-4011. A copy of this decision should be attached to the request.

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute, per TWCC rule 133.308(u)(2).

Sincerely,

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
22nd day of **November**, 2004

Signature of Specialty IRO Representative:
Name of Specialty IRO Representative: