

MEDICAL REVIEW OF TEXAS

[IRO #5259]

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NOTICE OF INDEPENDENT REVIEW DETERMINATION

TWCC Case Number:	
MDR Tracking Number:	M2-05-0345-01-SS
Name of Patient:	
Name of URA/Payer:	Royal & Sun Alliance
Name of Provider: (ER, Hospital, or Other Facility)	
Name of Physician: (Treating or Requesting)	Dr. L, MD

December 9, 2004

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

cc: Dr. L, MD
Rosalinda Lopez, Texas Workers Compensation Commission

CLINICAL HISTORY

This now 48-year-old woman injured herself initially in ____ working as a nurse as she was moving a patient. She re-injured herself in _____. With both of these events she developed significant low back pain and was followed by local physicians including a neurosurgeon in the 1990's and more recently over this past year. She was felt to have a diskopathy as well as radiating leg pain. She has had imaging studies which shows a lumbosacral disk bulge or herniation depending upon who is reading or interpreting this and more recently she has had a discogram that was performed only at L5 which was positive for concordant pain and showing an annular tear with diffusion of dye out of the inner space. Further the discogram was also associated with reproduction of the radicular pain. Based upon this study, Dr. L has recommended that she have a lumbar laminectomy with fusion and instrumentation. There have been concerns about this with regards to the overall scientific evidence regarding the effectiveness of degenerative lumbar spondylosis and it has been determined that this patient is not an operative candidate for those reasons.

Clinically she has been through multiple courses of physical therapy and has had multiple injections in her low back. In reviewing this chart, there is no mention of remediable factors with the exception that she does smoke, she is 5' 5" and weighs 116 pounds or did in 2003, so weight really is not an issue. Further, she continues to be employed despite the fact that her original job was terminated. The impression that was given by the dictating doctor was that it was due to her chronic intractable low back pain.

REQUESTED SERVICE(S)

L5 laminectomy with fusion as well as instrumentation.

DECISION

Approved. It would be appropriate to proceed on with this procedure.

RATIONALE/BASIS FOR DECISION

This woman has been fighting this problem for a number of years. She has continued to be employed. She has for the most part refrained from the use of narcotics. She is appropriate in her age and her weight. She has failed physical therapy and injections into her back and finally she has a positive discogram. While this discogram was not technically pure, the preponderance of data is that this woman has problems at L5. These problems are not responding to conservative management and it is appropriate that a surgical procedure at this point to remove the anatomic abnormality be considered. Further, it is of note that this patient's discogram was denied on at least two other occasions and as a result the patient ultimately paid out of pocket for this. The discogram and the post discographic CT scan were related to her injury and should be compensable as they were reasonable and appropriate for treatment of that problem.

Finally, with regards to the previous reviewer's notation that there is no scientific evidence that shows that the surgical approach to spondylosis is superior to placebo or the natural history; this reviewer would strongly and vigorously disagree with this as would the overwhelming majority of neurosurgeons and orthopedic surgeons. There are literally dozens of text books written regarding the surgical treatment of low back pain specifically for degenerative changes. There are some outstanding studies which indeed prove the efficacy of this in selected patients. Please refer to the North American Spine Society's recommendation regarding the appropriateness for surgical fusion as well as the multitude of studies that they reviewed as the guidelines for the treatment of degenerative changes in the lumbar spine were developed.

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 10th day of December, 2004.

Signature of IRO Employee: _____

Printed Name of IRO Employee: