



Specialty Independent Review Organization, Inc.

December 31, 2004

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

Patient:  
TWCC #:  
MDR Tracking #: M2-05-0392-01  
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 51-year old male was injured on \_\_\_ when he fell off a scaffold, landing on some logs and pipes. The injury was to his back, right leg, and right hand. The fall was about 9 feet.

Prior injury: low back resulting in a Laminectomy at L2-3.

Records reviewed: Dr. S, MD	3/26/2004-11/5/2004
NBC Healthcare Center	2/26/2004-11/22/2004
Dr. D, MD	4/27/2004-6/1/2004
Nassau Bay Rehab	6/2/2004-8/11/2004
Dr. B, MD	7/11/2004
Dr. O, MA	5/24/2004

This patient has complained of low back pain and left leg pain with numbness to his left foot since his injury of \_\_\_\_\_. The physical examination has essentially remained unchanged with his treatments. He still has muscle spasm in the lumbar spine, tenderness at the left facets, straight leg raising Positive left at 22 degrees, muscle weakness and sensory loss to the L5 and S1 dermatomes. His range of motion remains restricted in flexion and extension. The patient had an EMG on 04/27/2004 revealing an L5-S1 radiculopathy. X-rays taken on 04/02/2004 reported a prior Laminectomy at L3-4. The MRI on 04/14/2004 showed a herniated nucleus pulposa at L4-5 and L5-S1. The discogram on 08/17/2004 revealed an annular tear at L3-4, 4-5 and 5-S1.

The patient's treatment has included Chiropractic treatments, exercises, heat-ice applications, massage therapy, TENS Unit, ultra-sound, 3 S-I Blocks on 03/26, 06/08, and 06/24/2004, and a left nerve block at L4-5, 5-S1 on 11/05/2004.

#### REQUESTED SERVICE

The item in dispute is the prospective medical necessity of a lumbar laminectomy and fusion from L3 through S1.

#### DECISION

The reviewer agrees with the previous adverse determination.

#### BASIS FOR THE DECISION

The reviewer states that this patient has a HNP at L4-5 and 5-S1. This patient has undergone a considerable amount of physical therapy, nerve blocks, exercises, TENS Unit, and massage without relief. The reviewer does not feel that a fusion procedure would be appropriate at this time. References used: Pain Physicians Volume 4 2001. Waddell, G A New Clinical Model for the Treatment of Low Back Pain, Spine 1987. Zimmer Spine 2004. Medtronic 2004. Campbell's Operative Orthopedics 10<sup>th</sup> 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,

\_\_\_\_\_, CEO

**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,

\_\_\_\_, CEO

**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 \_\_\_\_\_4<sup>TH</sup>\_\_\_\_\_ day of \_January\_\_\_\_\_, 2005**

**Signature of Specialty IRO Representative:**

**Name of Specialty IRO Representative:**