January 13, 2005

Re:	**MDR #:**	M2-05-0541-01	**Injured Employee:**
	TWCC#:		**DOI:**
	IRO Cert. #:	5055	**SS#:**

TRANSMITTED VIA FAX TO:

Texas Workers' Compensation Commission
Attention: Rosalinda Lopez
Medical Dispute Resolution
Fax: (512) 804-4868

REQUESTOR:
Dr. H, M.D.
Attention: ___
(214) 688-0359

RESPONDENT:
One Beacon Ins. Co.
Attention: ___
(512) 374-0848

TREATING DOCTOR:
Dr. K, D.C.
(214) 388-0457

Dear ___:

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to IRI for an independent review. IRI has performed an independent review of the medical records to determine medical necessity. In performing this review, IRI reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the Secretary and General Counsel of Independent Review, Inc. and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this care for determination prior to referral to the Independent Review Organization.

Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is board certified in Orthopedic and Spine Surgery and is currently listed on the TWCC Approved Doctor List.

We are simultaneously forwarding copies of this report to the payor and the Texas Workers' Compensation Commission. This decision by Independent Review, Inc. is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of this 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 ten (10) days** of your receipt of this decision (28 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 twenty (20) days** of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you **five (5) 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 Workers' Compensation Commission, MS-48
7551 Metro Center Dr., Ste. 100
Austin, TX 78744-1609

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

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 January 13, 2005.

Sincerely,

Secretary & General Counsel
GP/thh

REVIEWER'S REPORT
M2-05-0541-02

Information Provided for Review:
TWCC-60, Table of Disputed Services, EOB's
Information provided by Requester:

- Office note 11/01/04
- EMG 04/22/04
- Operative report 06/25/04

- Radiology report 06/03/02

Information provided by Respondent:

- Correspondence

Information provided by Neurologist:

- NCV studies 09/18/02 – 04/22/04

Clinical History:
The patient is a 52-year-old woman who was injured ___. The patient underwent 2-level fusion at L4/L5 and L5/S1 in July of 2003. Hardware removal was performed in June of 2004. The patient has had persistent back and bilateral leg pain since then. The physician is requesting a myelogram and CAT scan of the lumbar spine to determine whether or not the patient has a pseudarthrosis at the L4/L5 level.

Disputed Services:
Dynamic weight bearing myelogram w/flexion & extension & post-CT myelogram.

Decision:
The reviewer agrees with the determination of the insurance carrier and is of the opinion that the procedure in dispute as stated above is not medically necessary.

Rationale:
Per an operative note on June 25, 2004, the surgeon, Dr. V, performed a hardware removal and inspection of fusion. He clearly notes within the substance of the operative note that the patient has a solid fusion at the L4/L5 level bilaterally, as well as at the L5/S1 level on the right.

Upon referencing the most recent book titled *The Lumbar Spine,* 3rd Edition, put out by The International Society for Study of Lumbar Spine, surgical exploration is the most accurate means of detecting pseudarthrosis in a symptomatic patient. This has already been done. The fusion was found to be solid at the L4/L5 level; therefore, myelogram and CAT scan is not indicated for that purpose.