

MEDICAL REVIEW OF TEXAS

[IRO #5259]

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NOTICE OF INDEPENDENT REVIEW DETERMINATION

TWCC Case Number:	
MDR Tracking Number:	M2-05-0542-01
Name of Patient:	
Name of URA/Payer:	Texas Mutual Insurance
Name of Provider: (ER, Hospital, or Other Facility)	
Name of Physician: (Treating or Requesting)	Dr. B, DO

January 10, 2005

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. H, MD

Dr. B, DO

Rosalinda Lopez, Texas Workers Compensation Commission

CLINICAL HISTORY

___ is a now 41 year-old gentleman who was injured in ____. He was carrying an approximately 100 pound box of tools up some stairs and lost his balance, fell and twisted his body. He then developed significant low back pain which was treated in a multi-modality fashion including physical therapy, chiropractic adjustments and a variety of localized injections all to no avail. His past medical history is pertinent for some type of fusion of his lumbar spine in the very remote past possibly of the L4 and L5. He had had a previous decompressive laminectomy at those levels and there was evidence of bone graft laterally at L4 and L5, however, no definitive fusion. Subsequent imaging studies found motion at those levels indicating pseudoarthrosis. With regards to L5, there was a question whether this was previously operated upon or whether it was congenitally sacralized. The symptoms for which he received this procedure for however completely resolved and he was, according to his medical records, asymptomatic prior to his injury on ____. As he has had no sustained improvement in his low back pain and in fact, if one carefully reads the chart, it appears to be trending upwards on a visual analog scale over the past year to year and a half. He came under the care of Dr. C who after performing a two-level discogram and then repeating this study for a control level at L2 found him to have concordant pain at both L3 and L4, as well as substantial internal abnormalities of the disks at both of those levels. A recommendation for circumferential fusion has now been made at L3 and L4, with reviewing of the fusion at L5, possible extension through that level.

REQUESTED SERVICE(S)

Anterior interbody fusion at L3 and L4, retroperitoneal exposure and discectomy at L3 and L4, anterior interbody fixation at L3 and L4, posterior decompression at L3 and L4, transverse fossa fusion at L3 and L4, posterior internal fixation L3 through L5, intraoperative

decision for an L5/S1 allograft bone graft, autograft and site two bone grafts and autograft iliac crest with three day inpatient stay.

DECISION

Denied.

RATIONALE/BASIS FOR DECISION

Standard of care would dictate a different approach than the requested service. Refer to the chart note of 7/1/04 of Dr. C who states that "more likely a PLIF procedure to remove the discs and a fusion at L3 and L4 level extending down with an evaluation of the fusion mass at the L4 level and at L5" will be required. Somehow this is morphed into an anterior approach at L3 and L4 with no discernable reason. There is agreement that this patient should probably have a surgical procedure; a two-level fusion based on the discogram. This reviewer does not share the reservations of the previous examiners with regards to the discogram. This patient was found to have a negative level superiorly on the second discogram which was ordered specifically looking for a negative control level. The patient has been told repeatedly and he voices his understanding that he is not an ideal candidate and that his pain may not be entirely relieved. He has had a good deal of conservative management. As far as remediable factors, he is a non-smoker, he's in good physical condition with appropriate height and weight ratios and he's shown his willingness to participate in his own care. This patient will already require a decompressive laminectomy at L3 and L4 because of the visualized spinal stenosis at that level. Apparently Dr. C has some familiarity with the posterior approach. It is unclear why this situation has to be complicated by doing an anterior approach and then flipping the patient over to perform a procedure which could all be done through one incision.

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 11th day of January, 2005.

Signature of IRO Employee: _____

Printed Name of IRO Employee: