



**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 17, 2005.

Sincerely,

Secretary & General Counsel  
GP/thh

**REVIEWER'S REPORT  
M2-05-0562-01**

**Information Provided for Review:**

TWCC-60, Table of Disputed Services, EOB's

Information provided by Respondent:

- Correspondence

Information provided by Treating Doctor:

- Correspondence
- Office notes 09/28/04 – 10/11/04
- Radiology reports 04/12/04 – 07/19/04

**Clinical History:**

The claimant is a 44-year-old gentleman with a history of prior laminectomy following a work-related injury on \_\_\_\_\_. He has persistent back, greater than radiating leg pain, and a surgery has been recommended.

A report of a lumbar MRI dated February of 2004 reveals an annular tear at L3/L4 and disc bulges at L4/L5 and L5/S1. A report of a CT of lumbar spine post discogram from April of 2004 reveals a radial tear at L2/L3, a radial tear and small herniated disc at L3/L4, fissuring and osteophytes at L4/L5, and fissuring at L5/S1.

**Disputed Services:**

Lumbar laminectomy w/fusion, instrumentation, allograft and autograft @ L4-5 and L5-S1 w/length of stay of 4 inpatient days.

**Decision:**

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

**Rationale:**

The anesthesiology procedure report was specifically requested, but not provided, to determine which level had either none, non-concordant, or concordant pain. However, based on the post-discogram CT report, there are abnormalities present at every level in the lumbar spine, and there is, therefore, no reason to believe that fusing the bottom two levels would have any clinical benefit whatsoever for this patient.