

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

Sincerely,

Secretary & General Counsel

GP/thh

REVIEWER'S REPORT M2-05-0589-01

Information Provided for Review:

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

Information provided by Requestor:

- Office notes 05/25/04 – 12/07/04
- Neurodiagnostic exams 12/18/03 – 12/02/04
- Radiology reports 12/04/03 – 03/25/04

Information provided by Respondent:

- Correspondence
- Designated doctor exam

Information provided by Pain Management – Lai:

- Office notes 03/01/04 – 07/12/04
- Procedure notes 03/11/04 – 04/22/04

Information provided by Pain Management – McKay:

- Office notes 01/21/04 – 02/04/04
- Procedure notes 01/21/04 – 02/04/04

Information provided by Orthopedic Surgeon:

- Office notes 11/19/03 – 07/16/04
- Physical therapy notes 11/21/03 – 02/09/04

Information provided by Neurologist:

- Office notes 12/12/03 – 12/30/03

Clinical History:

The patient is a 42-year-old female kindergarten teacher who injured her lower back on ___ while at work. She was bending down at work and was unable to straighten her back. She had severe midline low back pain with insignificant radiation. She was taken to the hospital emergency room and placed on medication. She continued to have chronic low back pain with radiating pains into the right lower extremity and right buttock. She was treated extensively with physical therapy including modalities, multiple epidural selective nerve root and facet steroid injections, and conservative management. She continued to have symptoms. An MRI revealed disc herniation at L4/L5 area with compression of the right S1 nerve root as well as EMG findings that corroborated this. An MRI also showed facet hypertrophy at L5/S1, and a CT myelogram confirmed compression and disc abnormalities at the L5/S1 levels. The patient continues to have severe low back pain with occasional radiating pain in the right leg and buttock.

Disputed Services:

Anterior and posterior fusion.

Decision:

The reviewer disagrees with the determination of the insurance carrier and is of the opinion that anterior and posterior fusion is medically necessary in this case.

Rationale:

An extensive review of the medical record reveals that this patient's compensable work-related injury included L5/S1 disc herniation with right-sided radiculopathy with compression of the right S1 nerve root. The patient failed adequate trials of conservative management, including narcotic medications, work restrictions, rest, anti-inflammatory medications, physical therapy, and pain management, including multiple procedures, such as facet injections, selective nerve root injections, and epidural steroid injections. Because of her significant low back pain, fusion at the L5/S1 was recommended along with the L5/S1 nerve decompression to adequately treat her compressive neuropathy and discogenic back pain. The reviewer believes that this would be in the best interest of the patient as she has radiculopathy and mechanical discogenic pain with evidence of early arthrosis of the facet joints at the injured level. Therefore, appropriate treatment would be L5/S1 decompression and fusion.

SCREENING CRITERIA/TREATMENT GUIDELINES/PUBLICATIONS UTILIZED:

Extensive studies in medical literature have shown that decompression alone in the presence of mechanical dysfunction of the intradiscal space would fail due to chronic discogenic back pain. Therefore, decompression should be combined with fusion in such patients with significant low back pain and mechanical/discogenic pain. This is accepted practice, and this patient would benefit from the proposed procedure.