



Specialty Independent Review Organization, Inc.

January 21, 2005

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

Patient: ____
TWCC #: ____
MDR Tracking #: M2-05-0614-01
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 29-year old service technician with Compaq computers injured her neck and back on ____ when she was attempting to pull computer cables that had become stuck. She jerked on the computer cable and fell backwards on a patch panel mounted on the floor. She has both neck and back pain, but the back pain is worse.

She has a predominance of back pain that radiates down the posterior right lower extremity into the top of the foot with numbness and tingling. The low back pain is aggravated with bending, sitting, and everyday activities. She cannot sit or stand for more than 10 minutes and states that her lower extremities give away.

Prior treatments have consisted of exercise, ice/heat, ultrasound, pool therapy, Tens unit, brace, and Chiropractic treatments. The physical examination reveals tenderness on palpating the lumbar spine and right posterior superior iliac spine. Motor testing is normal, reflexes normal, but there is a decreased sensation to light touch of the right L5 nerve. Sacroiliac test is positive, bilaterally. Straight leg raise is positive, bilaterally which causes ipsilateral low back pain and buttock pain. Femoral nerve stretch is negative.

X-ray of the lumbar spine on 9/9/99 is reported as normal. The treatment from 7/28/99 through 10/25/01 consisted of physical therapy. The patient did not respond and underwent surgery on 10/25/01. The surgery was a decompression hemi-laminectomy L3-S1, 360 fusion with posterior interbody cages L3-S1, posterior lateral fusion using autogenous bone graft.

After the immediate post op phase, the patient returned to therapy from February to September 2002. Again, the patient had minimal improvement and had another surgery on 11/18/02. The surgery was the removal of the posterior spine segment instrumentation, exploration lumbar spine fusion mass.

Following the second surgery, the patient returned to physical therapy from February 2003 to December 10, 2004. In addition to the physical therapy, the patient received an SI injection on 5/27/03, three epidural injections from 4/6 to 5/6/03, and a right SI arthrogram and injection on 7/18/03. The patient continued to have discomfort.

Patient underwent diagnostic testing: 9/10/03 – MRI at River Oaks showed blunting of the S-1 nerve root on the right and a CT scan post myelogram showed solid anterior fusion of L3 to S1 and fibrosis encasing the right S-1 nerve root. 10/8/03 – Myelogram that revealed post operative changes from L3-4 to L5-S1 with moderate dural ectasis bilaterally. No herniated disc was noted. The post myelogram CT scan revealed mild pseudoarthrosis of the lateral mass fusion L3 to S1, epidural fibrosis and scars extending into the neural foramen. 10/9/03 – Total body bone scan by North Houston Imaging showed no abnormal hot spots to the sacrum.

A spinal cord stimulator surgery was on 5/14/04. The stimulator has given some relief of the back pain. The progress note of 12/10/2004 states the pain remains in the low back and radiates to the right thigh.

REQUESTED SERVICE

The requested service is proposed sacroiliac arthrodes, anterior instrumentation and autograft.

RECORDS REVIEWED

Appeal Records

12/22/03 through 12/17/04 IntraCorp

Records from Dr/Facility

McDonnell, MD – Progress Note 4/18/02 through 10/4/04
Nguyen, MD - Progress Note 12/24/99 through 6/18/04
Bielemowicz, DC – Progress Note 6/17/99 through 12/10/04
MRI – 9/10/03
Myelogram, Post myelogram CT scan, X-ray - 10/8/03
Bone Scan - 10/9/03
McDonnell, MD – H&P Discharge and Op Notes 10/25/01 and 11/18/02
Epidural Injections – 4/6, 4/22, and 5/6/03.
Nguyen, MD – Spinal Cord Stimulator Op Note 5/14/04

Additional Records from Carrier

R. Ziegler Ph.D – Positive Pain Management Progress Notes 4/26/02 to 7/15/02
University Neuro Diagnostics – 10/25/01 EEG & SSEP Normal
Complete Therapy & Rehab – 4/2/02 Functional Capacity
E. Jununen, DC – Progress Notes 12/30/99 to 1/24/02
R. Oria, MD – 2/8/00, 2nd Opinion
Aquatic Care Progress Notes – 4/28/99 to 6/25/99
B.Powell, DC – Progress Note – 10/19/99 to 11/4/99
Humble MRI – 9/2/99 X-ray Lumbar Spine Normal
R. Canard, DC – Peer Review Report 2/13/02
S. Fletcher, DO – Neurosurgical Consult 4/12/01
M. Seiff, MD – HoustoNeurosurgery Note 3/29/01 and Second Opinion
Mitchell, DC – Progress Note 4/17/01
Mitchell, DC – PMI 4/10/01

DECISION

The reviewer agrees with the previous adverse determination.

BASIS FOR THE DECISION

The reviewer's decision is to not certify the sacroiliac arthrodesis with anterior instrumentation and autograph. This patient has had a long history of conservative treatment and there is no record of the results of having had the right S.I. joint injection. The bone scan is unremarkable. The patient has had multiple surgeries on the back and now has a failed back syndrome. The need for additional surgery is questionable because the past two surgeries have resulted in failure. If the sacroiliac joint is the actual pain generator, there is minimal evidence that it has been treated aggressively. In my opinion, the key findings for this patient's condition are noted on the MRI and CT scan in September and October 2003. The findings state blunting of the S1 nerve root on the right, moderate duralectosis from L3-4 to L5-S1, and the most important is fibrosis encasing the right S-1 nerve root. The S-1 nerve root having the fibrosis will cause pain

in the right low back radiating into the thigh. Throughout the search of the six inches of information provided, only subjective complaints have been noted except for the MRI and CT scan.

REFERENCES FOR DECISION

ACOEM Guidelines, Chapter 12 – Treatment of Low Back Conditions, pp. 303-10.
Howard, S – PRINCIPLES AND TECHNIQUES OF SPINE SURGERY.
Rothman – THE SPINE, 4th Edition.
Campbell’s OPERATIVE ORTHOPEDICS, 10th Edition.
Braddom – PHYSICAL MEDICINE AND REHABILITATION, 2nd Edition.
Stude, D – SPINAL REHABILITATION

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,

Wendy Perelli, 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,

Wendy Perelli, 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 21st day of January , 2005

Signature of Specialty IRO Representative:

Name of Specialty IRO Representative: Wendy Perelli