

February 8, 2005

Re:    **MDR #:**            M2-05-0649-01            **Injured Employee:**  
      **TWCC#:**  
      **IRO Cert. #:** 5055                    **DOI:**  
                                                  **SS#:**

**TRANSMITTED VIA FAX TO:**

**Texas Workers' Compensation Commission**

Attention: Rosalinda Lopez  
Medical Dispute Resolution  
Fax: (512) 804-4868

**RESPONDENT:**

Zurich American Ins. Co.  
Attention: Elise LaPierre  
(972) 804-4846

**TREATING DOCTOR:**

Chad Wersell, D.C.  
(210) 655-4760

Dr. Lloyd Youngblood  
(210) 614-9915

Dr. Arnulfo Carrasco  
(210) 614-4525

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 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 February 8, 2005.

Sincerely,

Gilbert Prud'homme  
Secretary & General Counsel

GP/thh

#### **REVIEWER'S REPORT M2-05-0649-01**

**Information Provided for Review:**

TWCC-60, Table of Disputed Services, EOB's  
Information provided by Respondent:

- Correspondence
- Designated doctor exam

Information provided by Treating Doctor:

- Office notes 03/09/04 – 10/07/04
- Physical therapy notes 02/09/04 – 01/14/05
- FCE 05/03/04 – 01/16/05
- Electrodiagnostic study 04/15/04
- Radiology reports 01/29/04 – 04/02/04

Information provided by Neurosurgeon:

- Office notes 09/22/04 – 01/14/05

Information provided by Pain Management Specialist:

- Office notes 05/17/04 – 11/23/04
- Procedure notes 05/27/04 – 09/02/04

Information provided by Osteopathic Physician:

- Office note 04/16/04

Information provided by Family Practitioner:

- Office notes 02/03/04 – 03/08/04

**Clinical History:**

The patient is a 30-year-old female who slipped and fell at work on \_\_\_\_\_. At that point, she sprained her knee and her wrist as well as twisting her back. She suffered back and left leg pain and was treated conservatively for quite a while. She had multiple attempts at non-operative management, including physical therapy, pain management modalities, such as TENS unit, Botox chemodenervation, and epidural steroid injections. MRI's revealed bulging discs at L3/4, L4/5, and L5/S1 with L5 radiculopathy. This was confirmed with an EMG. Surgical treatment has been denied multiple times. The patient continues to have low back and leg pain as well as physical examination findings significant with decreased sensation and weakness in the S1 distribution.

**Disputed Services:**

L3-S1 decompressive lumbar laminectomy, foraminotomy, posterolateral fusion w/pedicle screws, iliac crest bone graft & local bone bank, posterior lumbar interbody fusion w/Brantigan cages at L3-4 and L5-S1.

**Decision:**

The reviewer disagrees with the determination of the insurance carrier and is of the opinion that the procedures in dispute as stated above is medically necessary in this case.

**Rationale:**

Extensive medical records were provided for review in this case. The patient has a discreet injury to the low back with documented evidence of compressive neuropathy of S1 with positive EMG and MRI findings, as well as well documented discogenic low back pain and disc alterations that would explain the low back pain. The patient has failed an adequate trial of physical therapy. The patient has objective evidence on physical examination of motor and sensory deficits. Surgery is absolutely indicated for this patient, and, in my opinion, is medically necessary.

The indications for decompressive surgery in the lower back include progressive motor or sensory deficits, both of which this patient has. In addition, the indications for lumbar interbody fusion would include mechanical alteration secondary to disc dysfunction spondylosis or posttraumatic arthritis; this patient has all of these, and decompression and fusion is indicated.