



Specialty Independent Review Organization, Inc.

February 2, 2005

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

Patient:
TWCC #:
MDR Tracking #: M2-05-0701-01
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 36-year old female was involved in a motor vehicle accident on _____. The injury was a result of rear end collision. She was seen by Dr. R. Bosita on 01/24/2003. The patient's complaint on that visit was neck pain, low back pain, and left arm paresthesias. The physical examination concerning the low back revealed strength and sensation intact in the lower extremities, deep tendon reflexes hyperactive, straight leg raise produced low back pain and no leg pain, and the patient had difficulty walking toe and heel due to pain. On 01/29/2003 the patient underwent a lumbar MRI revealing bulging discs at L4-5 and L5-S1.

D. Marlow, DC treated the patient with modalities, exercises, and Chiropractic manipulation. Dr. Bosita's examination on 03/06/2003 revealed a left leg radicular pain, but no evidence of radiculopathy. A left sacroiliac joint injection was done on 03/13/2003.

Dr. M. Seals on 05/08/2003 saw the patient for a neurological consultation. It was his opinion the hyperreflexia was idiopathic. The EMG of the lower extremities revealed no evidence of radiculopathy.

Epidural injections were administered on 05/13, 05/27, and 06/17/2003.

The patient had cervical complaints since the accident that resulted in a C5-6 fusion on 11/18/2003. The patient continued to be seen by Dr. Bosita and Dr. Marlow. On 03/01/2004 the patient complained of bilateral buttocks pain and was having a considerable amount of anxiety, so she was referred to Dr. Gibbs for treatment.

MRI of the lumbar spine on 05/13/2004 showed mild disc dehydration at L5-S1. There was no disc bulge or disc protrusion at L4-5.

Dr. M. Frazier saw the patient on 07/22/2004 and at that time the patient had low back pain with bilateral buttock pain referred down her legs bilaterally with intermittent tingling to her legs and feet. The pain was aggravated by all positions. The physical examination of the lumbar spine revealed pain with flexion and extension. The patient was uncomfortable with sitting in any one position for a prolonged time.

A discogram of 09/20/2004 produced pain at the L5-S1 disc. The patient was last seen by Dr. Bosita on 01/05/2005 and has pain in the low back, but there are no true radicular findings.

Records Reviewed:

Denial Letters: R. Bosita, MD 11/01/2004
Health Direct 10/26/2004 and 01/11/2005

Records from Carrier:

R. Strandwitz, Attorney 01/17/2005
Block, Ph.D. 07/02/2004 to 09/15/2004
R. Bosita, MD 01/24/2003 through 01/05/1005
J. Sklar, MD 04/15/2004
L. Frazier, MD 07/22/2004
R. Bulger, MD Lumbar Discogram 09/20/2004
G. Lefkof, MD 06/07/2004
D. Kilgore, MD CT Scan Cervical Spine, 05/02/2003 and 08/03/2004
D. Marlow, DC 02/04/2003 through 04/20/2004
Medical Imaging – MRI, 01/29/2003 and 05/13/2004
Epidural Injection 05/13, 5/27, 6/17/2003 Cervical Epidural
04/01/2003
SI Joint Injection 03/13/2003
Ashraf, MD 07/22/2004 and 09/09/2004
J. Cable, MD 07/22/2003 and 09/04/2003

Additional Records Doctors/Facility: S. Fitzgerald, MD 11/18/2003 Internal
Medicine Consult.

REQUESTED SERVICE

The item in dispute is the prospective medical necessity of an anterior lumbar interbody fusion.

DECISION

The reviewer agrees with the previous adverse determination.

BASIS FOR THE DECISION

This 39-year old patient has discogenic pain. There is no evidence of spinal instability or impingement as noted on the MRI. The MRI shows mild disc degeneration at L5-S1. The patient has an emotional component as noted in the records. There are no objective neurological findings in the lower extremities. From the information supplied there is no indication that an anterior interbody fusion at L5-S1 would provide any improvement to this patient's condition.

References:

American College of Occupational and Environmental Medicine, Occupational
Medical Practice Guidelines, 2nd Edition, Chapter 12 (Back), p. 298-301

Rothman, THE SPINE, 4th Edition

Manchikanti, et al., A SIPP PRACTICE GUIDELINES, Pain Physician, Volume 4
#1, 2001, p. 24-98

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 2nd day of February, 2005

Signature of Specialty IRO Representative:

Name of Specialty IRO Representative: Wendy Perelli