February 14, 2005

TEXAS WORKERS COMP. COMISSION
AUSTIN, TX 78744-1609

CLAIMANT:
EMPLOYEE:
POLICY: M2-05-0769-01-SS
CLIENT TRACKING NUMBER: M2-05-0769-01 5278

Medical Review Institute of America (MRIoA) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO). The Texas Workers Compensation Commission has assigned the above-mentioned case to MRIoA for independent review in accordance with TWCC Rule 133 which provides for medical dispute resolution by an IRO.

MRIoA 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. Itemization of this information will follow.

The independent review was performed by a peer of the treating provider for this patient. The reviewer in this case is on the TWCC approved doctor list (ADL). The reviewer has signed a statement indicating they have no known conflicts of interest existing between themselves and the treating doctors/providers for the patient in question or any of the doctors/providers who reviewed the case prior to the referral to MRIoA for independent review.

Records Received:

Received from the State:
Notification of IRO Assignment, 2/3/05
Notice of Receipt of request for Medical Dispute Resolution, 1/31/05
Medical Dispute Reszolution request/Response form 1/18/05
Table of Disputed Services
Letters from Margie Kling, Texas Mutual, 12/15/04, 12/30/04

Received from Dr. LeGrand
Prospective Review (M2) Information Request form, 2/3/05

(continued)

Medical records, Dr. LeGrand, 11/18/04, 12/6/04, 12/20/04
Operative report, 11/30/04
Radiological report of lumbar myelogram with post myelogram CT by Eddie Shell, MD of 11/30/04

Received from Insurance Company:
Texas Mutual Case Summary, 2/7/05

- Exhibit 1
  Letters from Margie Kling, Texas Mutual, 12/15/04, 12/30/04
- Exhibit 2
  Medical records, Dr. LeGrand, 11/18/04, 12/6/04, 12/20/04
  Radiological report of lumbar myelogram with post myelogram CT by Eddie Shell, MD of 11/30/04
  Radiology report by Michael Sickels, MD, 10/5/04
  Radiology re0port by Kenneth Breedlove, MD, 10/6/04
- Exhibit 3
  Consultation by Floyd Robinson, MD, 1/17/05

Summary of Treatment/Case History:
On ___ the patient sustained an on-the-job injury. The patient has had back pain since, despite physical therapy, medication, and being off work.

Diagnosis: L2-3 diffuse disk bulge with bilateral disk protrusion with root compression, L3-4 shows amputation of L4 root secondary to severe lateral recess stenosis and disk protrusion, multilevel degenerative changes lumbar spine but most prominent at L2-3 and L3-4. In summary diagnosis is severe spinal stenosis due to ruptured disks and degenerative disks.

Questions for Review:

1. Please address prospective medical necessity of the proposed spinal surgery (per denial letter - LOS x1 day for L2 through L4 decompression with L2-3 fusion and instrumentation and DME bone fusion stimulator and purchase of TLSO back brace @ Shannon Medical Center), regarding the above-mentioned injured worker.

Explanation of Findings:
Historical, physical, laboratory, and radiological studies all support that this individual is disabled by pain in back due to extensive pathological changes in lumbar spine.

Conclusion/Decision to Certify:

1. Please address prospective medical necessity of the proposed spinal surgery (per denial letter - LOS x1 day for L2 through L4 decompression with L2-3 fusion and instrumentation and DME bone fusion stimulator and purchase of TLSO back brace @ Shannon Medical Center), regarding the above-mentioned injured worker.

(continued)

The proposed spinal surgery procedure (per denial letter –LOS x1 day for L2 through L4 decompression with L2-3 fusion and instrumentation and DME bone fusion stimulator and purchase of TLSO back brace @ Shannon Medical Center) is certified as medically necessary.

The patient is to have extensive bone removal at two levels of lumbar spine with probable removal of facet joints to relive nerve root compression in attempt to relive pain and enable him to return to work. After such extensive bone removal he would need fusion to stabilize spine and prevent further damage as removal of facets and such extensive bone removal wold lead to instability and possible slipping of vertebral bodies. This could cause pressure on nerve roots in cauda equine and roots that emerge at these levels. This could result in severe pain and possible neurological damage such as weakness in muscles of lower extremities and sensory loss in the same. As he is smoker, DME bone stimulator is needed to help fusion as smokers heal slower than nonsmokers. TSLO brace is needed after surgery so early ambulation is possible to prevent long time stay in bed.

References Used in Support of Decision:

Amundsen, T. et al. Lumbar stenosis: conservative or surgical management? Spine 2000; 25(11): 1424-36.

The specialist providing this review is board certified in Neurosurgery. The reviewer has served as the chief Neurosurgeon at several VA Hospitals throughout the country. The reviewer is a member of the American Medical Association, the American College of Surgeons, the American Paraplegia Society, Congress of Neurological Surgeons and the American Association of Neurosurgeons. The Reviewer has served as an association professor, assistant professor and clinical instructor at the university level. The reviewer also has publishing, presentation and research experience within their specialty. The reviewer has been in active practice for over 20 years.
MRIoA is forwarding this decision by mail, and in the case of time sensitive matters by facsimile, a copy of this finding to the treating provider, payor and/or URA, patient and the TWCC.

YOUR RIGHT TO REQUEST A HEARING

Either party to the 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 receiving the TWCC chief Clerk of Proceedings within ten (10) days of your receipt of this decision as per 28 Texas 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 as per Texas Admin. Code 102.4 (h) or 102.5 (d). A request for hearing should be sent to:

(continued)

Chief Clerk of Proceedings
Texas Workers' Compensation Commission
POB 40669
Austin, TX 78704-0012

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

It is the policy of Medical Review Institute of America to keep the names of its reviewing physicians confidential. Accordingly, the identity of the reviewing physician will only be released as required by state or federal regulations. If release of the review to a third party, including an insured and/or provider, is necessary, all applicable state and federal regulations must be followed.

Medical Review Institute of America retains qualified independent physician reviewers and clinical advisors who perform peer case reviews as requested by MRIoA clients. These physician reviewers and clinical advisors are independent contractors who are credentialed in accordance with their particular specialties, the standards of the American Accreditation Health Care Commission (URAC), and/or other state and federal regulatory requirements.

The written opinions provided by MRIoA represent the opinions of the physician reviewers and clinical advisors who reviewed the case. These case review opinions are provided in good faith, based on the medical records and information submitted to MRIoA for review, the published scientific medical literature, and other relevant information such as that available through federal agencies, institutes and professional associations. Medical Review Institute of America assumes no liability for the opinions of its contracted physicians and/or clinician advisors. The health plan, organization or other party authorizing this case review agrees to hold MRIoA harmless for any and all claims which may arise as a result of this case review. The health plan, organization or other third party requesting or authorizing this review is responsible for policy interpretation and for the final determination made regarding coverage and/or eligibility for this case.

1138974.1
vso

cc: Requestor
Respondent