

MEDICAL REVIEW OF TEXAS

[IRO #5259]

3402 Vanshire Drive

Austin, Texas 78738

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NOTICE OF INDEPENDENT REVIEW DETERMINATION

TWCC Case Number:	
MDR Tracking Number:	M2-05-0906-01-SS
Name of Patient:	
Name of URA/Payer:	Texas Association of School Boards
Name of Provider: (ER, Hospital, or Other Facility)	
Name of Physician: (Treating or Requesting)	Deepak V. Chavda, MD

March 29, 2005

An independent review of the above-referenced case has been completed by a medical physician board certified in neurosurgery. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by Texas Medical Foundation, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

Medical Review of Texas (MRT) hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to MRT.

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Sincerely,

Michael S. Lifshen, MD
Medical Director

cc:

Deepak V. Chavda, MD
Texas Workers Compensation Commission

RE:

CLINICAL HISTORY

Mr. ____ is a 36 year-old gentleman who was injured at work on ____ when he was trying to catch a bus tire that was falling. In the process he was apparently bending and twisting and developed significant low back pain. He has a past history significant for a lumbar laminectomy performed in 1998 but had no residual dysfunction from that. Following his injury in June he had an MRI scan which showed a disc bulge and a suggestion of an annular tear. Parenthetically within this record is a sagittal view of that study and it indeed shows degeneration and dehydration of the L5 disc. The remainder of the report states that the central canal and the nerve foramina are not compromised. A contrasted study however was recommended secondary to the previous lumbar laminectomy. For reasons which are entirely unclear, this was denied. The patient then had three epidural injections with no long lasting improvement to his low back pain. A recommendation for work hardening was made and this too was denied. The patient has continued range of motion treatments through physical therapy. Because of the continued pain, Dr. Chavda has recommended an L5 posterior lumbar interbody fusion with posterior lateral fusion and instrumentation.

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REQUESTED SERVICE(S)

L5-S1 Posterior PLIF, PLF, Internal Fixation and Bone Grafting and EBL Bone Stimulator.

DECISION

Denied.

RATIONALE/BASIS FOR DECISION

It is premature to perform the surgery.

RE:

While this reviewer understands the frustration Dr. Chavda must experience with this situation, it is reasonable to go back to his earlier recommendations. Before an irreversible surgical procedure is undertaken, we need as much information as possible. Standard of care would first recommend exactly what Dr. Chavda had requested back in December which is an MRI with gadolinium to access this annular tear at L5. If this is a classic linear tear which has been historically noted to be quite painful, then a posterior interbody fusion would be reasonable. On the other hand, if the study is not text book for this, follow up with a provocative discogram would be the next step. Although this has a checkered history, it is more information and a positive provocative discogram associated with a positive MRI scan would be excellent evidence that a fusion procedure would improve this gentleman's low back pain.

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.

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 **10** (ten) calendar days of your receipt of this decision (20 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 **20** (twenty) calendar 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 or the date of fax (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings/Appeals Clerk
Texas Workers' Compensation Commission
P.O. Box 17787
Austin, Texas 78744

Or fax the request to (512) 804-4011. A copy of this decision must be attached to the request.

The party appealing the decision shall deliver a copy of its written request for a hearing to the opposing party involved in the dispute.

In accordance with Commission Rule 102.4(h), 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 this 29th day of March, 2005.

Signature of IRO Employee: _____

Printed Name of IRO Employee: Cindy Mitchell