April 14, 2005
April 4, 2005

AMENDMENT

Re:	**MDR #:**	M2-05-1054-01	**Injured Employee:**
	TWCC#:		**DOI:**
	IRO Cert. #:	5055	**SS#:**

TRANSMITTED VIA FAX TO:

Texas Workers' Compensation Commission
Attention:
Medical Dispute Resolution
Fax: (512) 804-4868

REQUESTOR:
San Antonio Accident/Injury Care
Attention: Jackie
(210) 223-9733

RESPONDENT:
Pacific Employers Ins. Co.
Attention: Javier Gonzalez
(512) 394-1412

Dear Mr. ___:

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 **and submitted said report on April 04/2005.** In performing the initial 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. **On March 29, 2005, the requestor provided additional documentation to IRI. This additional documentation as stated in the following review was provided to the reviewer for consideration and to determine if the information impacted his/her initial determination.**

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 Anesthesiology and Pain Medicine 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 April 14, 2005.

Sincerely,

Gilbert Prud'homme
General Counsel
GP/thh

REVIEWER'S AMENDMENT REPORT
M2-05-1054-01

Additional Information Provided for
Progress notes dated 10/18/04, 12/02/04 & 12/13/04

Clinical History:
Please refer to the April 1, 2005 review for details regarding this case. The reviewer previously reviewed a progress note from Dr. Zavala dated December 2, 2004 in which Dr. Zavala indicated that the claimant's L5/S1 lumbar fusion was not solid. On April 12, 2005 the reviewer was provided with another progress note from Dr. Zavala, also dated December 2, 2004, in which Dr. Zavala states that x-rays taken on December 1, 2004 demonstrated that "the fusion is healed at L5/S1". There is no documentation as to whether these were flexion/extension x-rays. There is also no explanation as to why there are 2 progress notes from Dr. Zavala with the same date of December 2, 2004.

Disputed Services:
Percutaneous implantation of neural stimulator electrode array - epidural X2; electronic analysis of implanted neural stimulator pulse generator – 1st hour; electronic analysis of implanted neural stimulator pulse generator - each additional 30 minutes; and fluoroscopy.

Decision:
The reviewer agrees with the determination of the insurance carrier and is of the opinion that the procedures, testing & analysis in dispute as stated above are not medically necessary in this case.

Rationale:
There is no new information provided in Dr. Zavala's second progress note of December 2, 2004, that would change any of the reviewer's opinions. There is still no documentation of whether the claimant has had flexion/extension x-rays to determine whether, in fact, the fusion is solid. Simple AP or lateral x-rays are not sufficient in order to make this determination.

In addition, there has been no new information regarding the claimant's psychological status provided for my review. The same recommendations of reevaluation with MMPI-2 testing followed by appropriate interpretation and scoring are still necessary before it can be determined whether this claimant is an appropriate candidate for a spinal cord stimulator trial. Therefore, there have still been no sufficient radiologic imaging studies to determine whether the fusion is solid, or if there is continued subluxation at the L5/S1 level. Additionally, there has not been sufficient psychological follow-up and re-testing accomplished to determine whether the claimant's psychological status has, in fact, improved. Given his previous psychological evaluation indicating severe depression, anxiety, anger, suicidal ideation, and psychotic symptoms (hearing voices), it is absolutely medically necessary for this claimant to undergo such reevaluation, including psychiatric evaluation.

In summary, none of the opinions stated in the April 1, 2005 review are changed or impacted in any way by the additional medical information provided for review. In addition, there remains a significant question as to the reason, and, therefore, validity of 2 progress notes from Dr. Zavala, both dated December 2, 2004, each containing different documentation.