

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 15, 2005.

Sincerely,

Gilbert Prud'homme
General Counsel

GP/thh

REVIEWER'S REPORT
M2-05-1135-01

Information Provided for Review:

TWCC-60, Table of Disputed Services, EOB's

Information provided by Respondent:

Correspondence

Information provided by Treating Doctor:

Office notes 10/04/04 – 02/14/05

Operative report 10/15/04

Radiology reports 04/29/04 – 01/24/05

Clinical History:

The patient is a 47-year-old man who injured his lower back on ___ while on his job. The patient has a history of previous low back injury and pain with a previous L4 through S1 hemilaminectomy with excision of a large extruded disc. The patient had almost complete resolution of his leg pain after that surgery and was doing quite well and able to work performing heavy manual labor. Since the re-injury, he suffered severe low back pain with recurrence of bilateral leg pain. The patient was found to have significant worsening of his disc disease at L4/L5/S1 with retrolisthesis of L4 and L5 and nerve compression at those levels. Despite the one year of attempts at surgical management, he was completely disabled, and surgical decompression and fusion was recommended.

Disputed Services:

TLSO back brace, lumbar laminectomy w/fusion and instrumentation at L4-5 and L5-S1 with one day stay.

Decision:

The reviewer disagrees with the determination of the insurance carrier and is of the opinion that the back brace, laminectomy w/fusion and instrumentation, and a one day hospital stay is medically necessary in this case.

Rationale:

Although the patient had underlying degenerative disc disease with previous surgery, he did have an acute injury at work permanently worsening his condition. With regard to the patient's current status, this patient has failed extensive conservative management for L4/L5, L5/S1 degenerative disc disease and spinal stenosis. He also degenerative disc disease at L5/S1 and spondylosis at L4/L5. The patient has a positive myelogram with nerve root attenuation at right L4/L5 and has now failed extensive lumbar epidural injections. The proposed surgery is medically necessary based on failure of adequate conservative treatment including lumbar epidural steroid injections.