

MEDICAL REVIEW OF TEXAS

[IRO #5259]

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Austin, Texas 78738

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NOTICE OF INDEPENDENT REVIEW DETERMINATION

TWCC Case Number:	
MDR Tracking Number:	M2-05-1293-01
Name of Patient:	
Name of URA/Payer:	TML Intergovernmental Risk Pool
Name of Provider: (ER, Hospital, or Other Facility)	
Name of Physician: (Treating or Requesting)	Alejandro Fuentes, MD

May 11, 2005

An independent review of the above-referenced case has been completed by a medical physician board certified in orthopedic surgery. 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.

Sincerely,

Michael S. Lifshen, MD
Medical Director

cc: Stephen I. Esses, MD
Alejandro Fuentes, MD
Texas Workers Compensation Commission

CLINICAL HISTORY

This patient was employed as a truck driver until his date of injury. On that date he was being chased by dogs and slipped and fell. He sustained an injury to his low back.

The patient was initially treated with medications, therapy and epidural steroid injections. An MRI of the lumbar spine performed on 3/26/03 reportedly showed abnormalities of the L4-5 and L5-S1 discs. EMG and nerve conduction studies performed on 2/22/02 by Dr. Mireles reportedly were compatible with a left L5 radiculopathy.

Because of persistent pain the patient was referred to Stephen Esses, MD. He ordered discograms and post discography CT scans which were performed at Downtown Plaza Imaging on 10/2/03. These studies confirmed disc abnormalities at L4-5 and L5-S1 with normal discs above.

Based on these findings and the patient's failure to respond to conservative treatment he was taken to the operating room by Dr. Esses on 1/21/04. The operative report indicates that the patient underwent a decompression and fusion from L4-sacrum utilizing Blackstone segmental instrumentation.

Post operatively the patient has had continued back pain and intermittent left leg pain. A CT myelogram was performed on 9/20/04 at Knapp Medical Center. Dr. Esses reviewed these studies on 9/30/04 and reported that the films showed "sacral screws to be in good position and no evidence of recurrent disc herniation or foraminal stenosis." However, because of persistent pain, Dr. Esses is requesting further surgical intervention.

REQUESTED SERVICE(S)

Exploration lumbar fusion and removal of Blackstone implants.

DECISION

Denied. Agree with the carrier that there is no evidence that the fusion has not consolidated nor is there evidence that the hardware is symptomatic.

RATIONALE/BASIS FOR DECISION

If a solid fusion has been achieved, the hardware should no longer be functional. In this situation there is no reason for it to produce symptoms, as the bony segments that it bridges are immobile. No evidence of pseudoarthrosis was documented to exist in the post surgical myelogram or CT myelogram. No flexion or extension x-rays or other evidence has been provided to indicate that a pseudoarthrosis exists. In the absence of pseudoarthrosis there is no reason to believe that the hardware is loose and that exploration of the lumbar fusion and hardware removal is indicated.

Further, it is not unusual for patients who have had 2-level lumbar fusions to have ongoing back pain. Without evidence of pseudoarthrosis or a hardware failure there is no indication for surgery in this patient.

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 12th day of May 2005.

Signature of IRO Employee: _____

Printed Name of IRO Employee: Cindy Mitchell