



Specialty Independent Review Organization, Inc.

May 2, 2005

TWCC Medical Dispute Resolution
7551 Metro Center Suite 100
Austin, TX 78744

Patient:
TWCC #:
MDR Tracking #: M2-05-1294-01
IRO #: 5284

Specialty IRO has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to Specialty IRO for independent review in accordance with TWCC Rule 133.308, which allows for medical dispute resolution by an IRO.

Specialty IRO 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.

This case was reviewed by a licensed Doctor of Osteopathy with a specialty in Orthopedics. The reviewer is on the TWCC ADL. The Specialty IRO health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to Specialty IRO for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

This 41 year old female was injured on ___ while employed at Kindercare Learning Centers Inc. as a teacher's aide. The patient slipped and fell with her left leg extended forward and the right leg bent landing on her buttocks causing injury to her low back. She sought medical attention and diagnostic studies were performed. She was placed on analgesics and started on conservative care.

The conservative care included chiropractic treatments, TENS unit, massage therapy, and ultrasound for approximately 1 year, and physical therapy for 1 month. Patient also had 4 facet blocks.

The MRI of the lumbar spine on 05/29/2001 revealed degenerative disc at L5-S1. The MRI of the lumbar spine on 11/24/2001 revealed degeneration of the L5-S1 disc. An FCE was performed on two separate occasions by Houston Rehab Center on 12/11/2001 and 04/09/2002. The CT scan of the lumbar spine at North Houston Imaging Center on 01/11/2005 revealed status post wide laminectomy with interbody fusion at L4-5 and 5-S1. There is very little bone in the intertransverse tissue between L4-5 and L5-S1. There is no bone at L4-5 resulting in a pseudoarthrosis at L4-L5.

The physical examination on 03/21/2005 reveals the sciatic nerve stretching unremarkable, motor testing is 5/5; however, the patient continues to complain of low back pain and right leg pain with burning and hypersensitivity. The patient states her pain is constant with prolonged sitting, standing, walking, pushing, and pulling.

A lumbar discogram on 08/29/2002 was done at River Oaks Surgery Center. The patient had surgery by Dr. McDonnell on 02/04/2003. The surgery consisted of an L4-5, 5-S1 decompression laminectomy and foraminotomy and a posterior interbody fusion. The 360 fusion was completed with a posterior lateral arthrodesis and posterior fusion with pedicle screws and rod.

A second surgery by Dr. McDonnell was performed on 05/24/2004 with removal of the posterior spinal hardware and exploration of the lumbar spinal fusion mass.

Records Reviewed:

Corvel Letters – 2/3/05, 2/15/05.

Records from Doctor/Facility:

Spine Association of Houston Letter – 12/14/04, 1/25/05.

North Houston Imaging Center, CT Scan – 1/11/05.

Memorial MRI & Diagnostic, CT Scan – 2/27/04

Myelogram Post CT – 9/18/03

Records from Carrier:

R Standwitz Letter – 3/28/05, 4/15/05.

Bill for Services – 3/30/05.

Casey Cochran, DO – Report – 1/25/05.

Records from Doctor/ Facility:

Brian Randall, DC – Report – 4/21/05.

TWCC Advisory – 2003-10.

Ron Estefan Letter – 4/18/05.

S. Page, MD Reports – 3/15/02, 8/19/02, 3/21/05.

Casey Cochran, DO – Report – 8/30/01, 3/29/04, 1/25/05.

Mark McDonnell, MD – Script: 1/6/04.

Records from 7/23/02 through 6/29/04.

Brian Randall, DC - Records: From 11/10/01 through 9/2/04.

Pain Management – Records: From 3/16/04 through 8/17/04.

Brent Powell – Letters: 6/4/01 through 10/15/01.

The physical examination on 03/21/2005 reveals the sciatic nerve stretching unremarkable, motor testing is 5/5; however, the patient continues to complain of low back pain and right leg pain with burning and hypersensitivity. The patient states her pain is constant with prolonged sitting, standing, walking, pushing, and pulling.

References:

Howard S An, PRINCIPLES AND TECHNIQUES OF SPINE SURGERY.

Rothman-Simeone: THE SPINE, 4th Edition.

Canale: CAMPBELL'S OPERATIVE ORTHOPEDICS, 10th Edition.

Michael W Chapman: CHAPMAN'S ORTHOPEDIC SURGERY, 3rd Edition.

Specialty IRO has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Specialty IRO has made no determinations regarding benefits available under the injured employee's policy. Specialty IRO believes it has made a reasonable attempt to obtain all medical records for this review and afforded the requestor, respondent and treating doctor an opportunity to provide additional information in a convenient and timely manner.

As an officer of Specialty IRO, Inc, dba Specialty IRO, I certify that there is no known conflict between the reviewer, Specialty IRO and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

Sincerely,

Wendy Perelli, CEO

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.

In the case of prospective *spinal surgery* decision, a request for a hearing must be made in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** days of your receipt of this decision. (20 Tex. Admin. Code 142.5(c)).

In the case of other *prospective (preauthorization) medical necessity* disputes a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) 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 (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 Worker’s Compensation Commission, P.O. Box 17787, Austin, TX 78744. The fax number is 512-804-4011. A copy of this decision should be attached to the request.

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute, per TWCC rule 133.308(u)(2).

Sincerely,

Wendy Perelli, CEO

I hereby certify, in accordance with TWCC Rule 102.4 (h), that a copy of this Independent Review Organization decision was sent to the carrier, requestor, claimant (and/or the claimant’s representative) and the TWCC via facsimile, U.S. Postal Service or both on this 3rd day of May 2005

Signature of Specialty IRO Representative:

Name of Specialty IRO Representative: Wendy Perelli