



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 May 10, 2005.

Sincerely,

Gilbert Prud'homme  
General Counsel

**REVIEWER'S REPORT**  
**M2-05-1411-01**

**Information Provided for Review:**  
TWCC-60, Table of Disputed Services, EOB's

Information provided by Requestor:

Office notes 08/24/04 – 04/05/05

Electrodiagnostic study 08/02/04 – 01/24/05

Operative report 08/23/04

Radiology reports 02/06/04 – 02/18/05

Information provided by Respondent:

Correspondence

**Clinical History:**

The patient is an approximately 45-year-old woman who was injured on her job on \_\_\_\_\_. She has had prior cervical surgery. She has pain in her back, which also extends down the left greater than the right lower extremities. Examination reveals that she is neurologically intact.

**Disputed Services:**

Lumbar laminectomy at L3-4 and L4-5.

**Decision:**

The reviewer agrees with the determination of the insurance carrier and is of the opinion that lumbar laminectomy at L3-L4 and L4-L5 is not medically necessary in this case.

**Rationale:**

The MRI scan report from February 2004 reveals disc bulges at L3/L4 and L4/L5. The MRI scan report from November 2004 reveals disc protrusions at L3/L4 and L4/L5 without significant neural impingement at the L4/L5 level and no spinal stenosis at the L3/L4 level. The report of a myelogram from February 2005 reveals minimal bulges at L3/L4 and L4/L5 with no crowding of nerve roots. The CT scan following the myelogram in February 2005 reveals mild bulges at L3/L4 and L4/L5.

Based on this information, disc bulges without significant nerve compromise or spinal stenosis are certainly not an indication for compressive surgery.