



Specialty Independent Review Organization, Inc.

April 29, 2005

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

Patient:  
TWCC #:  
MDR Tracking #: M2-05-1422-01  
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 45 year old male injured his neck and low back \_\_\_\_\_. The injury has resulted in neck pain associated with upper extremity pain and numbness on the right. There is low back pain with subjective numbness in the anterior thighs bilaterally.

The physical examination of the lumbar spine revealed slight limitation in flexion, straight leg raise negative bilaterally, gait normal, manual tests show no weakness, sensation is normal, and reflexes are present.

The patient had an MRI on 11/26/2003 that revealed a diffuse disc degeneration with a small broad based disc protrusion without neural encroachment at L5-S1, at L3-4 a broad based disc bulge with evidence of an annular fissure.

Discogram on 01/31/2005 is clinically positive for reproduction of concordant low back pain at L3-4 and anterior and posterior extravasation at L5-S1.

The progress report on 02/10/2005 reports the patient continues to have severe low back pain worse with activity.

Records Reviewed:

Liberty Mutual Letters: 2/25/05, 3/18/05, 4/12/05.

Records from Doctors/Facility:

Patrick Cindrich, MD, Letters: 9/10/04 through 2/10/05.

Hillcrest Radiology, Discogram: 1/31/05.

X-rays: 9/29, 10/15, 11/9/2004.

Hillcrest Baptist Hospital Records:

Cervical Fusion, 9/27 and 9/28/2004.

Cody Doyle, DC – Reports: 11/11/03 through 1/13/2005.

Advanced Medical Imaging: MRI, Cervical & Lumbar 11/26/03.

Additional Records from Carrier:

Vernon Mark, MD – Report: 2/25/2005.

Joel White, MD – Report: 3/18/2005.

TWCC Medical Dispute: 4/07/2005.

### REQUESTED SERVICE

The item in dispute is the prospective medical necessity of an ALIF L5-S1 implant posterior arthrodesis posterior nonsegmental instrumentation nerve monitoring.

### DECISION

The reviewer disagrees with the previous adverse determination.

### BASIS FOR THE DECISION

The reviewer states that this 45 year old male injured his neck and low back on \_\_\_\_\_. The low back pain has persisted and the patient had an anterior cervical fusion on 09/27/2004. Patient continued to have low back discomfort and had an extensive conservative care program for over one year. The patient continues to have severe low back pain without radiculopathy. The MRI and the discogram reveal a degenerated disc at L5-S1.

*Rothman-Simeone: THE SPINE, 4<sup>th</sup> Edition.*

*Howard S An: PRINCIPLES AND TECHNIQUES OF SPINE SURGERY.*

*Canale: CAMPBELL'S OPERATIVE ORTHOPEDICS, 10<sup>th</sup> 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 29<sup>th</sup> day of April 2005**

**Signature of Specialty IRO Representative:**

**Name of Specialty IRO Representative: Wendy Perelli**