



Specialty Independent Review Organization, Inc.

June 24, 2005

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

Patient:
TWCC #:
MDR Tracking #: M2-05-1492-01
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 37-year-old male was injured on ____. The patient was cutting material and wood was falling from the table saw. He went to catch it and at that point, felt a sharp pain in the low back. The pain has been constant since the injury. The patient has seen multi physicians and has had various treatments from chiropractors, spine surgeons, and physical therapists. The patient's subjective complaint is constant low back pain that prevents him from performing normal activities of daily living. The physical examination revealed decreased sensation on the left L5 and S1 dermatomes. The patient has lumbosacral pain with hyperextension of the back and legs, Valsalva positive, straight leg raise negative and positive Nachlas' test.

The patient had an IDET procedure in October 2001 that gave relief for one month. The patient has seen a pain management physician who treated him with multiple trigger points and narcotics for 2 years. The patient has also had 4 epidural steroid injections and 3 SI joint injections. He

also had a trial of a spinal cord stimulator. The MRI of 11/04/2004 revealed moderate disc dehydration at L3-4 and 4-5. There is also diminished disc space height at the same two levels. There is no significant spinal stenosis.

RECORDS REVIEWED

Forte Letters – 3/15 and 3/17/2005.

Record from Carrier:

R Johnson Letter – 6/16/2005.

Records from Doctor/Facility:

R Henderson MD Reports – 10/08/2004, 2/11 and 3/4/2005.

Open MRI – 11/4/2004.

New Help Clinic Reports – 5/5/2004 to 9/22/2004.

PHY MED Report – 10/31/2000.

Dallas Spine Center Reports – 11/11/2004.

N Atlin, MD – H&P, Op Note – 5/27/2004.

REQUESTED SERVICE

The requested service is an anterior discectomy and interbody fixation L3-L4, L4-L5, posterior decompression and transverse process fusion with internal fixation L3-L4, L4-L5 and 3 day hospital stay.

DECISION

The reviewer disagrees with the previous adverse determination.

BASIS FOR THE DECISION

This patient has had back pain for 5 years and has failed all conservative treatment. The patient's symptoms are related to the low back and the diagnostic tests show degeneration of the L3-4, 4-5 discs. The patient has intractable low back pain limiting his daily activities.

Vaccaro, et al: Principles and Practice of Spine Surgery.

Rothman & Simeone: THE SPINE, 5th Edition.

Benzel: SPINE SURGERY, 2nd Edition.

CAMPBELL'S OPERATIVE ORTHOPEDICS, 10th 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 24th day of June 2005

Signature of Specialty IRO Representative:

Name of Specialty IRO Representative: Wendy Perelli