



Specialty Independent Review Organization, Inc.

**THIS DECISION HAS BEEN APPEALED. THE FOLLOWING
IS THE RELATED SOAH DECISION NUMBER:**

SOAH DOCKET NO. 453-05-7320.M2

May 17, 2005

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

Patient:
TWCC #:
MDR Tracking #: M2-05-1513-01
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 35 year old male was injured on _____. The patient was driving a tractor while on light duty and was hit from behind by a truck, causing him to move forward and backward and injuring his back and neck. He was originally injured on _____ while throwing a bag of trash into the back of a pickup.

He was seen by Dr. H Gibson who treated the patient with physical therapy that failed. On 09/30/1996 the patient underwent an L4-5 laminectomy with discectomy by Dr. A Heitkamp. The patient did return to work but had increasing pain and was taken off work in June 2000. Patient continues to complain of low back pain that is aching in nature and he has weakness in his legs. The pain is aggravated by climbing stairs and bending forward. A myelogram/CT Scan on 08/28/2000 revealed a spondylosis at L5-S1 with a minimal bulge.

Physical examination reveals the reflexes are equal, motor exam is strong, straight leg raise negative at 70 degrees.

The patient has had four FCEs dated 02/13/1996, 01/27/1997, 06/02/1997, and 05/22/2001. The functional capacities revealed the patient would qualify for light duty work.

The patient continues to have chronic neck and low back pain. On 04/11/2005 report the patient has numbness and tingling in both legs – right worse than left. The physical examination revealed tenderness at L4-5 and 5-S1. Achilles reflex is absent on the right. There is hypesthesia to light touch and pin prick over the right L5 distribution. Range of motion to the lumbar spine has flexion of 60 degrees, extension 10 degrees. X-rays on 03/03/2005 reveal a spondylolysis at L5-S1 and mild disc narrowing at L4-5 with a right laminotomy. The cervical X-rays revealed anterior osteophytes at C5-6. The patient continues to have pain in the neck radiating to the shoulders and recently it has increased in intensity. The cervical myelogram on 07/17/2001 showed a large defect at C5-6. The patient has not responded to conservative care to the cervical spine.

Records Reviewed:

J Rosenstein, MD – Letter, 3/21/05.

Records from Doctors/Facility:

J Rosenstein, MD – Reports, 3/3/05, 4/11/05.

DNI – X-rays, 3/3/05.

Records from Carrier:

CNA Letter – 11/16/04.

J Hood, MD Report – 10/25/04.

J Rosenstein, MD Reports – 3/4/00 through 3/3/05.

Medical Business Management Reports – 11/96 through 12/04.

M Bussen, MD Report – 5/31/01.

Diagnostic Neuroimaging, Myelogram & CT Scan – 8/26/00, 3/29/02.

F Tepper, DO – Letter & Daily Progress Notes – 10/1/98 through 11/10/00.

M Russell MD Letter – 3/31/01.

H Gibson MD Reports: 11/20/95 through 6/3/97.

D Walker, DC – X-rays, 10/20/95 and 1/8/96.

Central Imaging MRI – 1/10/96.

FCE: 2/13/96, 1/27/97, 6/2/97, 5/22/01.

J Heitkamp MD – Op Note: 9/30/96.

EMPI Letter – 10/8/96.

P Donovan MD Letter – 4/15/97.
R Gandhi MD Letters: 9/29/97, 12/4/98.
Duty Status Reports: 2/96 through 12/97.
Thermogram, EMG, US -5/7/99.
B Weldon DO Letter – 3/16/00.
Independent Review Letter -8/9/02.

REQUESTED SERVICE

The items in dispute are the prospective medical necessity of a cervical CT scan at C1-T1 and a lumbar CT scan at L1-S1.

DECISION

The reviewer disagrees with the previous adverse determination.

BASIS FOR THE DECISION

This 35 year old male has had no relief from conservative care on his neck injury from _____. The patient has prior studies showing a defect at C5-6. The injury is now nine years old and further damage may have occurred to the neck because of the restricted motion at C5-6. A current CT scan of the cervical spine is indicated to determine the extent of the pathology.

The patient has had low back pain since _____ resulting in a right laminectomy at L4-5 on 09/30/1996. The X-rays and CT scan have revealed a spondylosis at L5-S1 without a slippage. Again, this injury is nine years old, a slippage may have occurred, and a current CT scan of the lumbar spine is indicated.

Rothman & Simeon: THE SPINE, 4th Edition.

Campbell's Operative Orthopedics, 10th Edition.

Braddom, Randall: PHYSICAL MEDICINE AND REHABILITATION, 2nd 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 17th day of May 2005

Signature of Specialty IRO Representative:

Name of Specialty IRO Representative: Wendy Perelli