



Specialty Independent Review Organization, Inc.

June 2, 2005

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

Patient:  
TWCC #:  
MDR Tracking #: M2-05-1519-01  
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 51 year old male was injured on \_\_\_\_. At the time of injury he was working as a heavy machine operator at a landfill. Something fell on his foot and he was trying to lift it off when his back popped. Since that time he has had back pain which continues to increase with intensity.

The MRI of 07/07/2004 revealed mild degenerative disc disease at L4-5 and 5-S1. The EMG of 10/29/2004 revealed the EMG normal and the NCS to have an S-1 nerve root pathology with a possible L5 nerve root pathology.

The patient has received physical therapy and his low back pain continues. The numbness in his leg is resolving. The physical examination on 09/16/2004 revealed tenderness in the lower

lumbar, range of motion not restricted, sensation intact, straight leg raise negative, and Patrick test negative.

On 02/23/2005 the patient has finished the work hardening program that has improved his strength, but he still cannot bend. Prolonged walking produces pain. This prolonged walking may represent neurogenic claudication.

#### RECORDS REVIEWED

Corvell Letters of 3/2 and 3/10/2005.

D. Dennis MD Letter: 3/3/05.

Records from Doctor/Facility:

Texas Spinal Clinic Letters – 9/16/04 through 4/4/05.

MRI – 7/7/04.

Records from Carrier:

S. Bouton Letters – 5/3 and 5/10/05.

Laredo MRI – 5/24/04.

D. Hirsch, DO Letter – 10/24/04.

#### REQUESTED SERVICE

The requested service is a lumbar myelogram with post CT scan of the lumbar spine.

#### DECISION

The reviewer disagrees with the previous adverse determination.

#### BASIS FOR THE DECISION

The patient has positive NCS changes of the nerve roots of L5 and S1. The patient has an apparent neurogenic claudication as evidenced by increased pain with prolonged walking. The MRI revealed mild degenerative disc changes, but a myelogram and post CT scan will give further evidence of any impingement of the nerves. The contrast differentiates scar tissue from disc material.

#### REFERENCES

ACOEM Guidelines, Chapter 12 Back.

Campbell's Operative Orthopedics, 10<sup>th</sup> Edition.

Rothman & Simeone: THE SPINE, 4<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 day of 2005**

**Signature of Specialty IRO Representative:**

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