



Specialty Independent Review Organization, Inc.

June 3, 2005

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

Patient:  
TWCC #:  
MDR Tracking #: M2-05-1587-01  
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

The patient is a 31-year-old male who was injured on \_\_\_ when he tripped over a conveyor belt and fell onto the belt on his back. Patient states he developed pain within 1 week. He continues to complain of numbness and tingling in his left leg, originating from the low back and encompassing the entire left leg. Occasionally he has pain in the right leg. The pain in the low back and left leg is increased with standing, walking, and climbing stairs. He also complains of limited range of motion with popping and clicking in his low back.

The physical examination revealed no muscle spasm, heel to toe walk is normal, forward flexion to mid-tibia, abnormal reversal pattern, strength 5/5, straight leg raise produces pain.

The MRI of 04/19/2004 reveals a PNP with indenting of the thecal sac with mild bilateral foraminal encroachment at L4-5, and at L5-S1 a left foraminal disc protrusion compressing the left S-1 nerve root.

On 07/20/2004 the patient had an L5-S1 lumbar percutaneous disc decompression.

Myelogram with post CT scan on 02/02/2005 revealed annular bulging at L4-5 and 5-S1 with no apparent nerve root involvement. No evidence of instability or any focal disc herniation is noted.

The discogram of 02/17/2005 reveals concordant pain of 10/10 at L3-4, 4-5, and 5-S1.

The patient's treatment has been with pain medication, NSAIDs, muscle relaxants, ESI's, Perc, and physical therapy.

Records Reviewed:

Corvel Letters: 3/24, 4/4/2005.

Records from Doctor/Facility:

S. Spann MD Letters – 1/21 to 3/9/2005.

Austin MRI – 4/19/04, 4/30/04, 1/25/05.

Records from Carrier:

Corvel Letter – 3/22/05.

Records from Patient:

Central TX Pain Institute, Reports – 2/17/04 through 2/28/05.

A Hicks, MD Letters – 3/11, 5/10/05.

S Austin Therapy – 2/22 through 5/6/2005.

Skilled PT – 11/23/04 to 12/16/2004.

Additional Records from Doctor/Facility:

Monthly Reports and TWCC Work Status from Dr A Hicks – 3/31/04 through 5/23/2005.

River Branch Radiology – X-rays 12/02/2004.

CT Scan - 02/17/2005.

### REQUESTED SERVICE

The item in dispute is the prospective medical necessity of an anterior posterior disc fusion L4-5, L5-S1 with ICBG and instrumentation/LOS 4 days.

### DECISION

The reviewer agrees with the previous adverse determination.

## BASIS FOR THE DECISION

This patient had concordant pain at L3-4, 4-5, and 5-S1. The planned surgery is for a fusion at L4-5 and 5-S1. There are two levels to be fused while there are 3 levels of pathology. Fusing the L4-S1 levels would increase the stress at the L3-4 level which already produced a 10/10 pain on the discogram. The MRI reveals foraminal encroachment at L4-5 and 5-S1. There is no evidence of instability with flexion and extension X-rays.

Rothman-Simeon: THE SPINE, 5<sup>th</sup> Edition.

HS Ahn: PRINCIPLES AND TECHNIQUES OF SPINE SURGERY.

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 6<sup>th</sup> day of June 2005**

**Signature of Specialty IRO Representative:**

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