

MEDICAL REVIEW OF TEXAS

[IRO #5259]

3402 Vanshire Drive

Austin, Texas 78738

Phone: 512-402-1400

FAX: 512-402-1012

NOTICE OF INDEPENDENT REVIEW DETERMINATION

TWCC Case Number:	
MDR Tracking Number:	M2-05-1633-01
Name of Patient:	
Name of URA/Payer:	Clarendon National Insurance Company
Name of Provider: (ER, Hospital, or Other Facility)	
Name of Physician: (Treating or Requesting)	Ray Assadollahi, DC

May 31, 2005

An independent review of the above-referenced case has been completed by a medical physician board certified in neurosurgery. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by Texas Medical Foundation, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

Medical Review of Texas (MRT) hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to MRT.

Sincerely,

Michael S. Lifshen, MD
Medical Director

cc: Jacob Rosenstein, MD
Ray Assadollahi, DC
Texas Workers Compensation Commission

CLINICAL HISTORY

This is a 41 year-old gentleman who in ____ fell while working as an electrician's helper. He fell approximately ten feet from a ladder landing on his right side injuring his neck, right shoulder and low back. As a result of these injuries he has received an MRI of his cervical spine which found a C5 intervertebral disc herniation and a report of his lumbar spine saying that he had a herniation of the disc at L5. He subsequently had a C5 anterior cervical discectomy and fusion with modest improvement of his cervical pain as well as relief of his arm pain. He continues to have problems with headaches, tinnitus and dizziness as well as pain in the right shoulder and finally with pain in his low back. For the treatment of his low back, he has had physician directed weight loss. He has lost over 100 pounds with the use of phentermine but he still weighs 252 pounds. Throughout this entire chart I cannot determine what his height is. According to Dr. Rosenstein, who is the requesting surgeon and has been treating the patient since 2000, the patient has had epidural steroid injection, facet joint injections and physical therapy. Unfortunately, these records were not provided.

The patient has had a CT myelogram in March of this year. It showed disc space narrowing at L5 and a ventral defect also at L5 as well as a slight defect at L3. The post myelographic CT is described as showing a disc herniation at L5 impinging upon both S1 nerve roots as well as bilateral L5/S1 foraminal stenosis and soft tissue density in both neural foramina. These are the descriptors used by Dr. Rosenstein. The radiology report describes a 5mm thick combined hard and soft disc central to L5 which impinges upon the dural sac and both proximal S1 nerve roots. It is also described that there is no nerve root sleeve displacement or stenosis at this level.

REQUESTED SERVICE(S)

Lumbo-sacral fusion with external bone stimulator and LSO brace.

DECISION

Denied.

RATIONALE/BASIS FOR DECISION

The whole surgical treatment of this patient is based upon CT myelographic findings which are somewhat in dispute. Dr. Rosenstein feeling that there is nerve root entrapment and soft tissue within the neural foramina. However the neuroradiologist states that the nerves are not being displaced and fill appropriately. Even if Dr. Rosenstein is correct this still does not prove that this gentleman's low back pain is related to the changes in the lumbosacral disc which are commonly seen in totally asymptomatic patients. He has not proven that this is discogenic pain by any means. Further, as the patient has indeed lost weight there is no current discussion about his current physical parameters with the exception of his stated weight. Finally, there is no discussion about whether this patient is a smoker or has other remediable factors with regards to low back pain.

In short, a case for discogenic back pain which will respond to an instrumented fusion has not been made.

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.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) calendar days of your receipt of this decision (20 Tex. Admin. Code 142.5©).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) calendar 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 or the date of fax (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings/Appeals Clerk
Texas Workers' Compensation Commission
P.O. Box 17787
Austin, Texas 78744

Or fax the request to (512) 804-4011. A copy of this decision must be attached to the request.

The party appealing the decision shall deliver a copy of its written request for a hearing to the opposing party involved in the dispute.

In accordance with Commission Rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 1st day of June 2005.

Signature of IRO Employee: _____

Printed Name of IRO Employee: Cindy Mitchell