

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 ten (10) days** of your receipt of this decision (28 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 twenty (20) days** of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you **five (5) 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 Workers' Compensation Commission, MS-48
7551 Metro Center Dr., Ste. 100
Austin, TX 78744-1609

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

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 July 11, 2005.

Sincerely,

Gilbert Prud'homme
General Counsel

GP/th

REVIEWER'S REPORT
M2-05-1686-01

Information Provided for Review:

TWCC-60, Table of Disputed Services, EOB's

From Requestor:

Office notes 04/20/04 – 02/02/05

Radiology reports 03/06/03 – 08/24/04

From Respondent:

Correspondence

From Treating Doctor:

Office notes 12/29/03 – 05/16/05

Electrodiagnostic tests 08/19/04 – 07/16/04

Clinical History:

The patient is a 39-year-old female who suffered a heavy lifting injury to her lower back in early ___ while at work. This was treated with multiple single-level discectomies and decompressions by 2 separate spine surgeons in early 2003 and subsequently in June and November 2003. She presented to the orthopedic surgeon with chronic low back pain and some right lower extremity weakness and pain. Imaging showed significant disc abnormalities at L5/S1 with some nerve root scarring. The orthopedic surgeon recommended surgery to decrease her low back pain.

Disputed Services:

Lumbar disc replacement with 2 days in patient stay.

Decision:

The reviewer disagrees with the determination of the insurance carrier and is of the opinion that the procedure and the length of stay in dispute as stated above is medically necessary in this case.

Rationale:

Based on review of the medical records, with the patient's 2 previously failed surgeries including postsurgical fibrotic adhesions and chronic leg pain as well as MRI scan evidence of significant interbody disc narrowing due to the previous discectomy at L5/S1 with strong correlation with this patient's low back pain, the reviewer believes that the orthopedic surgeon's recommendation for artificial disc replacement would be a good idea in this young patient with significant single level disease. Long-term studies from Europe are demonstrating that artificial disc replacement is potentially better than fusion, particularly in a young patient with single level disease.