

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of this 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 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 M2-05-1797-01

Information Provided for Review:

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

From Requestor:

Correspondence
Office notes 11/11/04 – 03/04/05
Radiology reports 01/22/04 – 03/04/05

From Respondent:

Correspondence
Designated doctor reviews:

From Treating Doctor:

Office notes 08/13/04 – 06/03/05

From Orthopedic Surgeon:

Office notes 09/22/03 – 07/06/04

Physical therapy notes 10/09/03 – 11/12/03

Radiology reports 09/29/03 – 06/07/04

Clinical History:

The patient is a male who suffered a work-related incident on _____. He received an injury to his low back and developed radicular low back pain to the left leg and ankle. He suffered from chronic low back pain and was treated for a while with conservative management. He eventually was worked up and treated at Dallas Spine Care by Dr. Robert Henderson. He received lumbar discography to evaluate some questionable abnormalities on MRI scan. Some concordant pain was found at L3/L4 level. Dr. Henderson recommended extensive lumbar disc replacement at 2 levels with posterior instrumentation and fusion with an inpatient hospital stay.

Disputed Services:

Three-day inpatient stay for anterior interbody fusion w/allograft from iliac crest.

Decision:

The reviewer **agrees** with the determination of the insurance carrier and is of the opinion that the procedure and length of stay in dispute as stated above is not medically necessary in this case.

Rationale:

Review of the medical records does not portray a convincing case for this patient's complex low back problem. The vast majority of the findings on the MRI scan appear to be degenerative in nature, and the discography does not significantly correlate with the MRI scan findings. In addition, the patient's physical examination is not documented adequately by the recommending surgeon. Most of his notes in the physical examination section only have vital signs. There is no actual physical examination to justify ongoing medical care and the extensive surgical recommendation. A significant amount of anterior and posterior lumbar spine procedures have been recommended by this spine surgeon without physical examination, and this is inadequate and inappropriate. Based on this alone, the proposed surgery will be denied as medically unnecessary. In addition, the patient's profile including depression and indecision with regard to whether or not he would like to undergo surgery at all is a relative contraindication for this procedure.