

MEDICAL REVIEW OF TEXAS

[IRO #5259]

3402 Vanshire Drive

Austin, Texas 78738

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NOTICE OF INDEPENDENT REVIEW DETERMINATION

TWCC Case Number:	
MDR Tracking Number:	M2-05-1862-01
Name of Patient:	
Name of URA/Payer:	Texas Mutual Insurance Company
Name of Provider: (ER, Hospital, or Other Facility)	
Name of Physician: (Treating or Requesting)	Tracy Pham, DC

July 11, 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: William R. Francis, MD
Tracy Pham, DC
Texas Workers Compensation Commission

CLINICAL HISTORY

This is a 36 year-old gentleman who on ___ was at work. He was walking and sunk his foot into a loose dirt hole injuring his right knee on some concrete as well as causing him to have significant pain in his back when he tried to extricate himself from the pothole. Since that time he has been treated with multi modality conservative management including a number of courses of physical therapy as well as chiropractic management and non steroidal anti inflammatory agents ultimately working up to anti depressants. He's had epidural injections, none of which worked. On top of all of this he underwent a percutaneous discectomy at L5 with fluoroscopic guidance and had no substantial long term improvement. He had an MRI scan which shows degenerative changes at L5 and apparently some very mild facet arthropathy posteriorly.

REQUESTED SERVICE(S)

L5 arthroplasty.

DECISION

Approved.

RATIONALE/BASIS FOR DECISION

This patient has already undergone multi modality conservative management and has not seemed to improve. He has demonstrated his willingness to participate in his care by attending his physical therapy sessions and therefore seems well motivated.

Unfortunately there is not a clear discussion about his remediable factors, i.e. whether he smokes. His height and weight don't jive well; however, they are not substantially out of line and certainly not to a degree to negate the possible improvement with a surgical procedure.

His imaging studies at least per report only show minimal abnormalities in his lumbo sacral spine posteriorly. This does not disqualify the patient for a total disc replacement.

In sum, as this patient has had multi modality conservative management, has not had any substantial improvement and has documented MR abnormalities within the disc space itself, a total disc replacement would be a reasonable endeavor.

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 13th day of July 2005.

Signature of IRO Employee: _____

Printed Name of IRO Employee: Cindy Mitchell