



Specialty Independent Review Organization, Inc.

July 18, 2005

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

Patient:
TWCC #:
MDR Tracking #: M2-05-1944-01
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 43 year old female who was injured on _____. She continued to have low back and right leg pain with right foot numbness. She was treated conservatively but did not improve. She had physical therapy, epidural steroid injections, and pain medications but the pain got worse.

The lumbar myelogram revealed stenosis of the L4-5 level from a combination of anterior and posterior disease with large ventral defect as well as a posterior defect. There was marked L5-S1 disk space narrowing with gas in the L5-S1 disk with ventral defect and impingement of thecal sac as well. There was bilateral L5 nerve root compression with thecal sac compression. Post myelogram CT scan revealed a central disk protrusion at L4-5 as well as facet and ligamentous

hypertrophy, all causing stenosis. There was bilateral recess stenosis. There was also degenerative L5-S1 disk with bilateral L5-S1, foraminal stenosis with a 3mm combined PNP and spondylosis.

Because of failure to improve with conservative therapy with persistent pain, disability, and incapacity the patient had surgery on 05/31/2005. The surgery was a decompression laminectomy L4-S1, lateral gutter fusion L4-S1, interbody fusions L4-5 and 5-S1 with cages, and posterior fusion with instrumentation.

Records Reviewed:

St. Paul Travelers Letters: 5/18 and 6/01/2005.

USMD Hospital Reports: 5/31/2005.

J Rosenstein MD Reports: 2/17/2005 through 5/31/2005.

Records from Doctors/Facilities:

J Rosenstein MD Report: 5/26/2005.

REQUESTED SERVICE

The item in dispute is the prospective medical necessity of the purchase of a LSO brace.

DECISION

The reviewer disagrees with the previous adverse determination.

BASIS FOR THE DECISION

Multilevel fusions of the lumbar spine are known to have a complication of pseudo arthrosis. To give support in the immediate post-op care is most important by using braces. The brace adds stability to the back and keeps the back from excessive movement. The use of a back brace can teach a patient how to change positions, bend and stoop. The LSO brace provides compression to the abdomen and low back and gives good stability to the back.

Vaccaro, et al: Principles and Practice of Spine Surgery.

Rothman & Simeon: The Spine, 5th Edition.

Benzel: Spine Surgery, 2nd Edition.

Stude D: Spinal Rehabilitation.

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 18th day of July 2005

Signature of Specialty IRO Representative:

Name of Specialty IRO Representative: Wendy Perelli