

August 1, 2005

RE: MDR#: M2-05-1971-01 **Injured Employee:** ____
TWCC#: ____ **DOI:** ____
IRO Certificate #: 5055 **SS#:** ____

TRANSMITTED VIA FAX TO:

Texas Workers' Compensation Commission

Attention: ____
Medical Dispute Resolution
Fax: (512) 804-4868

RESPONDENT:

Texas Political Subdivision
Attn: Robert Josey
Fax: (512) 346)2539

TREATING DOCTOR:

David Dennis, MD
Fax: (956) 717-5959

Dear Ms. ____

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your care to IRI for an independent review. IRI has performed an independent review of the medical records to determine medical necessity. In performing this review, IRI reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the Secretary and General Counsel of Independent Review, Inc., and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this care for determination prior to referral to the Independent Review Organization.

Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is board certified in Spine Surgery and is currently listed on the TWCC Approved Doctor List.

We are simultaneously forwarding copies of this report to the payor and the Texas Workers' Compensation Commission. This decision by Independent Review, Inc. is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of this decision and has the right to request a hearing.

If disputing a prospective spinal surgery decision, a request for a hearing must be in writing and must be received by the TWCC Chief Clerk of Proceedings **within ten (10) days** of your receipt of this decision (28 Tex. Admn. Code 142.5c).

If disputing other prospective medical necessity (preauthorization) decisions, a request for a hearing must be in writing and must be received by the TWCC Chief Clerk of Proceedings **within twenty (20) days** of your receipt of this decision (28 Tex. Admn. Code 148.3).

The decision is deemed received by you five (5) days after it was mailed (28 Tex. Admn. Code 142.4(h) or 102.5(d)). A request for a hearing should be sent to:

Texas Workers' Compensation Commission
Chief Clerk of Proceedings/Appeals Clerk
P. O. Box 17787
Austin, TX 78744-7787
Fax: 512-804-4011

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 US Postal Service from this IRO office on August 1, 2005.

Sincerely,

General Counsel

REVIEWER'S REPORT M2-05-1971-01

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Information Provided for Review:

TWCC-60, Table of Disputed Services, EOBs

From Respondent:

Correspondence

Designated doctor review

From Treating Doctor:

Office notes 01/14/04 – 05/27/05

Individual therapy notes 05/09/05 – 05/13/05

FCE 10/08/04 – 03/01/05

Electro diagnostic study 01/23/04

Operative report 03/27/04

Radiology reports 01/22/04 – 03/12/04

From Psychologist:

Office notes 03/01/05

From Internist:

Office notes 03/12/04 – 03/29/04

Clinical History:

The patient is an approximately 55-year-old woman who underwent L4/L5 decompression and fusion on 03/27/04, done by her treating doctor. In her post-operative course, the patient was found to have persistent back pain, and a hardware removal was suggested to reduce this back pain.

Disputed Services:

Explore spinal fusion, arthodesis-post/postiat, removal post non-segmental, allogft spine surgery only, autogt spine surgery revonal scient'x pedicel screws and fusion exploration and possible fusion re-fusion with a 3-5 day length of stay.

Decision:

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

Rationale:

A report of a spinal hardware block done at L4/L5 bilaterally under fluoroscopic guidance by Dr. William Robins was reviewed. This was done on 06/28/05. Following the procedure on 06/28/05, the patient was instructed to keep a pain diary in the subsequent few hours and days to determine if the pain level was diminished with the block in place. Under fluoroscopic guidance, the hardware was injected with Kenalog and bupivacaine.

On 07/13/05, the patient followed up in the office of Dr. David Dennis. She reported to Dr. Dennis that her injection by Dr. Robbins had completely resolved her pain for one day.

Since the hardware block with bupivacaine did provide temporary complete relief of the symptoms, it is reasonable to interpret this and consider the hardware as being the pain generator. Hardware removal thus is a medically necessary procedure.

Note: The fusion integrity itself has been inspected by the treating physician and radiographs and felt to be solidly fused.