MEDICAL REVIEW OF TEXAS

[IRO #5259]
3402 Vanshire Drive Austin, Texas 78738
Phone: 512-402-1400 FAX: 512-402-1012

NOTICE OF INDEPENDENT REVIEW DETERMINATION

TWCC Case Number:	
MDR Tracking Number:	M2-05-1978-01
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)	Robert LeGrand, MD

July 26, 2005

An independent review of the above-referenced case has been completed by a medical physician board certified in orthopedic surgery. 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: Robert LeGrand, MD
Texas Workers Compensation Commission

CLINICAL HISTORY

This 49-year-old man initially developed low back pain in ___ after a fall. He reportedly sought chiropractic care at that time. An MRI was ordered by Dr. Emily Deeb and performed at Horizon Lubbock LLC on 4/7/03. This study reportedly showed disc degeneration at the L2-3, L3-4, L4-5 and L5-S1 levels with bulging discs and bilateral facet joint disease at L4-5 and L5-S1 producing central and lateral recess stenosis at those levels.

On ___ the claimant was lifting a 100 pound transmission oil pan and had recurrent low back pain. A repeat MRI was performed 3/3/04 at Open MRI at Lubbock and described essentially identical findings to those found on the previously obtained MRI. Lumbar myelogram and post myelogram CT scan performed 6/24/04 was compatible with degenerative disc disease, multiple level bulging discs, most prominent at L5-S1 causing bilateral foraminal encroachment and slight mass effect on the S1 nerve roots bilaterally.

The patient has had 2 EMG and nerve conduction studies performed. The first study was on 3/11/04 performed by Kothmann Chiropractic and Rehabilitation and was reportedly normal. The second study was performed by Bhupesh H. Dihenia, MD on 7/1/04 and reportedly showed a left S1 radiculopathy.

Lumbar spine x-rays including flexion and extension lateral views obtained 5/26/04 reportedly showed no subluxation.

The patient has been treated with therapy and medications. He has had 3 epidural steroid injections and at least one bilateral facet injection at L3, L4 and L5 on 2/4/04. He continues to have low back pain. Because of ongoing symptoms, laminectomy and fusion from L4-sacrum are being requested.

The patient was seen by a designated doctor, Peter B. Robinson, MD, on 1/23/04 who deemed him to be at maximum medical improvement at that time. He felt the work related injury produced a lumbar strain. On 10/9/04 he was provided with additional information concerning work up and treatment recommendations. He did not change his opinion.

REQUESTED SERVICE(S)
Laminectomy and fusion from L4-sacrum.

DECISION
Denied.

RATIONALE/BASIS FOR DECISION
Concur with the designated doctor that there is no objective evidence that this injury produced anything more than a lumbar strain. Further, there is no indication to perform an L4-sacrum fusion in this man who has 4-level degenerative disc disease.

This patient had pre-injury and post-injury MRIs performed. The findings were essentially identical. None of the pathology identified in this patient's back was produced by this accident. Based upon the mechanism of injury, records concur with the designated doctor that the injury produced a lumbar strain.

Further, this patient has no instability on flexion and extension x-rays. He has 4-level degenerative disc disease. No evidence has been presented to suggest the patient's pain can be attributed to pathology at the lower 2 abnormal discs. In fact, a 2-level fusion in this situation may actually exacerbate the patient's symptoms by concentrating forces on the abnormal discs above the fusion.

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 27th day of July 2005.

Signature of IRO Employee: _____

Printed Name of IRO Employee: Cindy Mitchell