



Specialty Independent Review Organization, Inc.

August 3, 2005

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

Patient:
TWCC #:
MDR Tracking #: M2-05-2049-01
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

This 50-year-old male was injured on ___ while at work lifting a heavy object and experienced left hip, buttock, and left leg pain to his calf. He denies any numbness or weakness.

His pain has continued and he was treated with medication. The patient has continued with his regular job with lifting limitations. Physical Examination: a normal range of motion, straight leg raise on the left at 80 degrees causing low back pain, sciatic nerve stretch causing low back pain on the left, normal sensation and reflexes are equal.

Diagnostic Tests: MRI 02/18/2005 reveals a severe spinal stenosis at L4-5 and Grade I spondylolisthesis of L4 on L5. The myelogram of 04/18/2005 reveals degenerative spondylolisthesis and disc disease at L4-5 with mild canal stenosis and a mass effect upon the left L5 nerve root. The post myelogram CT scan revealed the degenerative spondylolisthesis at L4-5 with moderate to marked spinal stenosis.

RECORDS REVIEWED

First Health, Letters: 5-2 and 6-2-2005.

Records from Carrier:

Methodist Hospital, Myelogram/CT, 4/18/2005.

W Parker MD, Reports – 3/3 and 4/25/2005.

Texas WC Reports – No date, 8/19/2004 through 3/3/2005.

First Health, Letter – 3/15/2005.

MM CET – MRI 2/18/2005.

C Cook, WC Letter – 3/11/2005.

S Ebead MD, Letter – 12/4/2004.

S Fino MD, Letter – 11/4/2004.

REQUESTED SERVICE

The requested service is a lumbar laminectomy.

DECISION

The reviewer disagrees with the previous adverse determination.

BASIS FOR THE DECISION

This patient has a spondylolisthesis at L4 on L5 resulting in a foraminal and spinal stenosis, primarily on the left. The diagnostic tests reveal impingement of the L5 nerve root at this level. The patient has not responded to any medical care and continues to have the left sciatic involvement. The request is for a left L4-5 partial hemilaminectomy and decompression foraminotomy which specifically treats the symptoms and diagnostic evidence of the lesion.

REFERENCES

Vaccaro et al: Principles and Practice of Spine Surgery.

Benzel: Spine Surgery, 2nd Edition.

Rothman, Simeon: The Spine, 5th Edition.

Kaplan, Helms, Dussault, Anderson & Major: Musculoskeletal MRI.

Manaster, Disler & May: Musculoskeletal Imaging: The Requisites, 2nd Edition.

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 4th day of August 2005

Signature of Specialty IRO Representative:

Name of Specialty IRO Representative: Wendy Perelli