

August 4, 2005

Re: MDR #: M2-05-2056-01-SS **Injured Employee:**
TWCC#: **DOI:**
IRO Cert. #: 5055 **SS#:**

TRANSMITTED VIA FAX TO:
Texas Workers' Compensation Commission
Attention:
Medical Dispute Resolution
Fax: (512) 804-4868

REQUESTOR:
John A. Sazy, MD
Attention: Kristi Songer
(817) 468-7676

RESPONDENT:
American Guarantee & Liability Ins. Co.
c/o Flahive, Ogden & Latson
Attention: Katie Foster
(512) 867-1729

TREATING DOCTOR:
Kris Schmidt, DC
(817) 731-2157

Dear Mr. _____:

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case 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 a board certified in Orthopedic 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 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 ten (10) days** of your receipt of this decision (28 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 twenty (20) days** of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you **five (5) 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:

Texas Workers' Compensation Commission
Chief Clerk of Proceedings / Appeals Clerk
P.O. Box 17787
Austin, Texas 78744

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 U.S. Postal Service from the office of the IRO on August 4, 2005.

Sincerely,

Gilbert Prud'homme
General Counsel

GP/th

**REVIEWER'S REPORT
M2-05-2056-01-SS**

Information Provided for Review:

TWCC-60, Table of Disputed Services, EOB's

From Requestor:

Office notes 04/04/05 – 05/17/05
Nerve conduction study 10/03/03
Operative reports 01/23/04 – 05/04/04
Radiology reports 10/02/03 – 07/29/04

From Respondent:

Correspondence

From Treating Doctor:

Office notes 02/01/05 – 03/15/05

Clinical History:

The patient is a 39-year-old male who suffered a work-related injury to his lower back. He was treated conservatively. He has normal nerve conduction studies. He was found to have lumbar facet syndrome and disc disruption syndrome. He was treated and had an extensive nonoperative management including physical therapy, epidural steroid injections, and lumbar

facet injections. The patient eventually received discography because of persistent pain and abnormalities on MRI scan, particularly at the L4/L5 and L5/S1 levels. The patient eventually saw a spine surgeon who recommended cardiac clearance and lumbar fusion.

Disputed Services:

Tansforaminal lateral interbody fusion & cardiac clearance at L4-5 and L5-S1.

Decision:

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

Rationale:

This patient has had an extensive course of non-operative management. He has a distinct work-related injury to his lumbar spine and had no prior history of low back pain. The trial of non-operative management is adequate, and the MRI scan and discography concur with the patient's symptoms. Because of the patient's smoking history, the reviewer believes that the cardiac clearance is reasonable, and the proposed lumbar interbody fusion at the proposed levels seems medically necessary and appropriate for this patient at this time.