August 15, 2005

Re:	**MDR #:**	M2-05-2090-01	**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:
Jacob Rosenstein, MD
Attention: Jennifer
(817) 465-2775

RESPONDENT:
Old Republic Insurance Co.
Attention: Neal Moreland
(512) 732-2404

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 Spinal 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 15, 2005

Sincerely,

Gilbert Prud'homme
General Counsel

GP/th

REVIEWER'S REPORT
M2-05-2090-01

Information Provided for Review:
TWCC-60, Table of Disputed Services, EOB's
From Requestor:
Office notes 06/01/05 – 07/19/05
Electrodiagnostic test 05/25/05
Radiology report 05/02/05
From Respondent:
Correspondence

Clinical History:
This male patient underwent L3 to S1 fusion in October of 2004 due to a work-related injury on ___. Six months following that, he had developed recurrent pain in the low back, as well as radiculopathy in the left lower extremity

Disputed Services:
Lumbar myelogram with CT

Decision:
The reviewer disagrees with the determination of the insurance carrier and is of the opinion that a lumbar myelogram with CT is medically necessary in this case.

Rationale:
A plain CT scan of the lumbar spine was done on May 2, 2005. This indicates loosening of interbody cages in the lumbar spine, as well as a suspected sizable recurrent or residual disc protrusion essentially at L5/S1. EMG performed May 25, 2005 is positive for L5 radiculopathy. A myelogram and CT scan is a more sensitive indicator for nerve compression. In this case with a patient with radicular pain, as well as an EMG-positive study, myelogram and CT scan is medically necessary since he has had prior L3-S1 fusion.