

IRO America Inc.

An Independent Review Organization

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Amended October 4, 2005

September 30, 2005

TWCC Medical Dispute Resolution

Fax: (512) 804-4868

Patient: _____

TWCC #: _____

MDR Tracking #:

M2-05-2143-01

IRO #:

5251

IRO America Inc. (IRO America) has been certified by the Texas Department of Insurance as an Independent Review Organization. The TDI, Division of Workers' Compensation (DWC) has assigned this case to IRO America for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

IRO America 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.

The independent review was performed by a matched peer with the treating doctor; the Reviewer is a credentialed Panel Member of IRO America's Medical Knowledge Panel who is a licensed MD, board certified and specialized in Orthopedic Surgery. The reviewer is on the TWCC Approved Doctor List (ADL).

The IRO America Panel Member/Reviewer is a health care professional who 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 IRO America for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

RECORDS REVIEWED

Notification of IRO assignment, information provided by Requestor, Respondent, and Treating Doctor(s) including:

Office note of Concentra Medical Center 02/12/04, 02/27/04, 03/17/04, 03/23/04, 03/26/04, 04/02/04

Lumbar MRI 03/24/04

Office note of Dr. Martinez 04/28/04

Procedure note 10/08/04

Lumbar myelogram 10/08/04

CT thoracic spine 10/08/04

CT lumbar spine 10/08/04
Designated physician report of Dr. Keszler 01/15/05
Office note of Dr. Zavala 02/15/05, 03/07/05, 04/07/05, 05/05/05, 05/16/05, 06/16/05, 07/19/05
EMG/NCV 02/18/05
Lumbar MRI 06/01/05
Letter of denial from Texas Mutual insurance company 06/15/05

CLINICAL HISTORY

The patient is a 42-year old male injured on ___ after lifting a small table and twisting his back. A lumbar MRI done on 03/24/04 revealed a minimal left central disc bulge/protrusion at L5-S1 with minimal spondylosis. At L4-5 there was a minimal diffuse annular bulge slightly more pronounced laterally to the left. The patient saw Dr. Martinez on 04/28/04 with complaints of mid thoracic pain. At that time trigger point injections were given to the rhomboid muscles bilaterally and the thoracic paraspinal muscles of the T8 level bilaterally. On 10/08/04 an epidural steroid injection was performed. A lumbar MRI done on 10/08/04 revealed an extradural defect at the L5-S1 disc space consistent with a small central herniated disc. A lumbar CT of 10/08/04 revealed a small central bulge/herniation at L5-S1. According to a designated doctor examination by Dr. Keszler on 01/15/05 the claimant had reached maximum medical improvement as of 01/10/05 with 5 percent whole person impairment.

The patient saw Dr. Zavala on 02/15/05 with ongoing low back pain radiating to the left lower extremity to the foot. On exam there was decreased motion with spasm, positive straight leg raise, decreased but equal deep tendon reflexes, and decreased sensation to L5-S1 on the left. EMG/NCV studies done on 02/18/05 revealed findings suggestive of bilateral L5 nerve root irritation and dysfunction, more prominent on the left. A lumbar MRI done on 06/01/05 revealed a posterior central, paracentral disc protrusion at L5-S1. Mild asymmetric left lateral disc bulge with mild left neural canal narrowing at L4-5 was also noted. On 07/19/05 the claimant returned to Dr. Zavala's office with low back pain radiating to the left calf with a sensation of weakness in the lower extremity. A bilateral laminectomy and discectomy L5-S1, posterior lumbar interbody fusion, internal fixation with cages, posterior instrumentation, and lateral fusion has been requested but denied per peer review. This determination has now been appealed.

DISPUTED SERVICE(S)

Under dispute is prospective and/or concurrent medical necessity of Preauthorization request denied for bilateral laminectomy and discectomy L5-S1, posterior lumbar interbody fusion, internal fixation with cages, posterior instrumentation and lateral fusion.

DETERMINATION/DECISION

The Reviewer agrees with the determination of the insurance carrier.

RATIONALE/BASIS FOR THE DECISION

Based on a review of the medical records, the request for the bilateral laminectomy and discectomy L5-S1, posterior lumbar interbody fusion, internal fixation with cages, posterior instrumentation and lateral fusion is not recommended as medically necessary. According to the records provided the patient has ongoing low back pain with radiation to the left lower extremity to the left foot. On exam he has decreased motion, positive straight leg raise, decreased but equal deep tendon reflexes, and decreased sensation at L5-S1 on the left. A recent MRI revealed only a disc protrusion at the L5-S1 level. Additionally, it is not really clear from the records provided that the patient has undergone recent conservative measures such as medication, physical therapy,

and epidural steroid injection. While the patient does appear to be symptomatic with objective exam findings, the request for the proposed surgery to include the fusion cannot be recommended. There is no indication that this procedure would significantly improve this patient's pain, as spinal fusion has not been proven effective in the absence of spinal instability.

Screening Criteria

1. Specific:

ACOEM Guidelines, Chapter 12, pages 307 and 310

2. General:

In making his determination, the Reviewer had reviewed medically acceptable screening criteria relevant to the case, which may include but is not limited to any of the following: Evidence Based Medicine Guidelines (Helsinki, Finland); Texas Medical Foundation: Screening Criteria Manual (Austin, Texas); Texas Chiropractic Association: Texas Guidelines to Quality Assurance (Austin Texas); Texas Medical Foundation: Screening Criteria Manual (Austin, Texas); Mercy Center Guidelines of Quality Assurance; any and all guidelines issued by TWCC or other State of Texas Agencies; standards contained in Medicare Coverage Database; ACOEM Guidelines; peer-reviewed literate and scientific studies that meet nationally recognized standards; standard references compendia; and findings; studies conducted under the auspices of federal government agencies and research institutes; the findings of any national board recognized by the National Institutes of Health; peer reviewed abstracts submitted for presentation at major medical associates meetings; any other recognized authorities and systems of evaluation that are relevant.

CERTIFICATION BY OFFICER

IRO America has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. IRO America has made no determinations regarding benefits available under the injured employee's policy.

As an officer of IRO America Inc., I certify that there is no known conflict between the Reviewer, IRO America and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

IRO America is forwarding by mail or facsimile, a copy of this finding to the TWCC, the Injured Employee, the Respondent, the Requestor, and the Treating Doctor.

Sincerely,

IRO America Inc.



Dr. Roger Glenn Brown

President & Chief Resolutions Officer

Cc: [Claimant]

Gerardo Zavala

Fax: 210-541-0580

Texas Mutual

Attn: Latreace Giles-Fax: 512-224-7094

YOUR RIGHT TO REQUEST A HEARING

Either party to 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 (28 Tex. Admin. Code 142.5(c)).

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 142.5(c)).

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

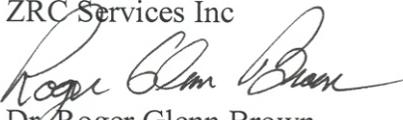
Chief Clerk of Proceedings / Appeals Clerk
P.O. Box 17787
Austin, Texas 78744
Fax: 512-804-4011

The party appealing this decision shall deliver a copy of its written request for a hearing to other party involved in this dispute.

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 30day of October, 2005.

Name and Signature of Ziroc Representative:

Sincerely,
ZRC Services Inc



Dr. Roger Glenn Brown
Chairman & CEO