

August 19, 2005

TEXAS WORKERS COMP. COMISSION  
AUSTIN, TX 78744-1609

CLAIMANT: \_\_\_  
EMPLOYEE: \_\_\_  
POLICY: M2-05-2159-01  
CLIENT TRACKING NUMBER: M2-05-2159-01-5278

---

Medical Review Institute of America (MRIOA) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO). The Texas Workers Compensation Commission has assigned the above mentioned case to MRIOA for independent review in accordance with TWCC Rule 133 which provides for medical dispute resolution by an IRO.

MRIOA 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. Itemization of this information will follow.

The independent review was performed by a peer of the treating provider for this patient. The reviewer in this case is on the TWCC approved doctor list (ADL). The reviewer has signed a statement indicating they have no known conflicts of interest existing between themselves and the treating doctors/providers for the patient in question or any of the doctors/providers who reviewed the case prior to the referral to MRIOA for independent review.

**Records Received:**

FROM THE STATE:

Notification of IRO assignment dated 8/4/05 1 page  
Texas Workers Compensation Commission form dated 8/4/05 1 page  
Medical dispute resolution request/response 1 page  
Table of disputed services 1 page  
Provider form 1 page  
Review determination from the Hartford dated 6/2/05 3 pages

FROM JOHN A. SAZY MD:

Electrodiagnostic test report dated 6/18/04 2 pages  
(continued)

Procedure report dated 8/6/04 2 pages  
MRI scan of lumbar spine dated 6/16/04 2 pages  
Electrodiagnostic test report dated 9/17/04 2 pages  
Lumbar myelogram report dated 12/3/04 3 pages  
Chart notes dated 1/13/05 3 pages  
Chart notes dated 2/10/05 2 pages  
History and physical dated 4/5/05 1 page  
Radiology report dated 4/5/05 2 pages  
Radiology report dated 4/5/05 4 pages  
Chart notes dated 5/19/05 2 pages

FROM THE HARTFORD:

Physician advisor referral form dated 6/3/04 1 page  
Radiology report dated 6/9/04 1 page  
Radiology report dated 6/9/04 1 page  
MRI of lumbar spine dated 6/15/04 2 pages  
Nerve conduction report dated 6/18/04 3 pages  
Nerve conduction report dated 9/17/04 4 pages  
Electrodiagnostic test report dated 6/18/04 2 pages  
MRI of lumbar spine dated 6/16/04 3 pages  
Work status report dated 6/15/04 1 page  
Irving emergency care center notes dated 6/14/04 2 pages  
Electrodiagnostic test report dated 6/18/04 2 pages  
Work status report dated 6/21/04 1 page  
Work status report dated 7/2/04 1 page  
Initial consultation notes dated 7/1/04 3 pages  
Irving emergency care center notes dated 6/28/04 1 page  
Work status report dated 5/24/05 1 page  
Irving emergency care center notes dated 7/12/04 1 page  
Work status report dated 7/13/04 1 page  
Work status report dated 7/28/04 1 page  
Irving emergency care center notes dated 7/23/04 1 page  
Anesthesia record dated 8/6/04 2 pages  
Procedure report dated 8/6/04 2 pages  
Irving emergency care center notes dated 8/13/04 1 page  
Emergency physician record dated 6/8/04 2 pages  
Work status report dated 8/16/04 1 page  
Work status report dated 8/31/04 1 page  
Irving emergency care center notes dated 8/27/04 1 page  
Anesthesia record dated 9/3/04 2 pages  
Procedure report dated 9/3/04 2 pages  
Work status report dated 9/14/04 1 page  
Chart notes dated 9/10/04 1 page  
Prescription dated 9/13/04 1 page  
Chart notes dated 6/1/04 3 pages  
Irving emergency care center notes dated 9/10/04 1 page  
(continued)

Electrodiagnostic test report dated 9/20/04 3 pages  
Electrodiagnostic test report dated 9/20/04 1 page  
Irving emergency care center notes dated 9/21/04 1 page  
Initial neurosurgical clinic notes dated 9/27/04 2 pages  
Preauthorization form dated 10/5/04 1 page  
Neurosurgical note dated 11/4/04 1 page  
Irving emergency care center notes dated 11/8/04 1 page  
Preauthorization form dated 11/11/04 1 page  
Lumbar myelogram report dated 12/3/04 3 pages  
Followup neurosurgical clinic notes dated 12/13/04 1 page  
Letter from Dr. Seals, MD dated 12/15/04 7 pages  
Work status report dated 1/13/05 1 page  
Chart notes dated 1/13/05 3 pages  
Initial exam notes dated 1/13/05 1 page  
Letter from Grace Binaya dated 2/8/05 1 page  
Work status report (not dated) 1 page  
Office notes dated 2/10/05 1 page  
History of complaint notes dated 2/10/05 2 pages  
DNI bill dated 2/10/05 1 page  
Preauthorization request dated 2/11/05 1 page  
Prescription by Dr. Sazy, MD dated 2/11/05 1 page  
Preauthorization request dated 2/18/05 1 page  
MRI lumbosacral spine dated 3/31/05 1 page  
History and physical dated 4/5/05 1 page  
Radiology report dated 4/5/05 1 page  
Radiology report dated 4/5/05 3 pages  
Radiology report dated 4/5/05 2 pages  
Radiology report dated 4/13/05 1 page  
Letter from Dr. Seals, MD dated 4/18/05 4 pages  
Office notes dated 5/19/05 1 page  
Preauthorization request dated 6/2/05 1 page  
Letter from the Hartford dated 11/23/04 2 pages  
Letter from the Hartford dated 2/22/05 2 pages  
Medical Fee Guideline dated 7/25/03 1 page

**Summary of Treatment/Case History:**

The patient is a 55-year-old male injured on \_\_\_ after a fall from a ladder at work. He was treated conservatively initially for low back pain, with associated left leg symptoms. The 06/15/04 lumbar MRI was positive for multi level disk bulges and multilevel facet arthropathies. The 06/18/04 lower extremity EMG study showed a left S1 pathway dysfunction, which correlated the patient's left side leg pain complaints. The patient continued to treat with conservative treatments including steroid injections and facet injections without noted improvement.

The 12/03/04 lumbar myelogram also confirmed the patient's left sided and low back complaints, and facet pathology. The patient was released to work at modified duty; however, the employer was not able accommodate the restrictions.

(continued)

The patient was referred for a surgical evaluation; based on the myelogram, MRI, EMG studies and the patient's physical exam presentation, surgical intervention of a L3-4 laminectomy and foraminotomy were recommended. The patient began treating with a different provider in 2005. On the 01/03/05 examination, the patient reported worsening symptoms; a lumbar discogram was recommended to evaluate for further treatment. The discogram showed degenerative stenosis at levels L3 through S1 with concordant pain at three-levels, which correlated the patient's complaint symptomatology. The treating physician recommended surgical decompression at levels L3 through S1, with TLIF at L3-4, L4-5, PSF L3-S1 and cardiac clearance for the patient. The patient expressed that he would like to proceed with surgery. Apparently, the request for surgery was denied and is under appeal.

**Questions for Review:**

1. ITEM(S) IN DISPUTE: Preauthorization request for: Decompression at L3-S1, TLIF at L3-4, L4-5, PSF L3-S1 and Cardiac Clearance/#22612, #22630, #22842, #95920, and #95826.

**Explanation of Findings:**

The medical records provided were reviewed. The medical records clearly indicate that the patient has degenerative disc disease of the lumbar spine with a MRI documenting multi-level changes and some stenosis. The patient has undergone an EMG with a prolonged left-sided H-reflex suggestive of a left S1 level abnormality as its only finding. The patient has also undergone a lumbar myelogram that shows multi-level spondylosis and a discogram documenting bulging and low back pain. The record does not seem to indicate evidence of flexion/extension documented structural instability, and there is no discussion by the patient's treating physician as to the indications for fusion versus decompression.

Usually, decompression is done for stenosis-type issues either central canal or foraminal. Sometimes a fusion can be added for structural instability either prior to surgery or caused at the time of surgery by far lateral decompression to reduce pressure on the nerve roots. If a patient has high-grade degenerative disc disease with a large disc herniation causing instability that can also be an indication for fusion. So, it is not clear, based on the medical records, therefore, it cannot be said that is it either medically reasonable or necessary to proceed with surgery at this time. A 55 year-old gentleman who has undergone a large lumbar spine operation may need to be evaluated by his family practitioner prior to surgery for medical clearance depending on the rules and regulations of the hospital system. It is not clear from this record that the patient has any cardiac abnormalities, and so it is not clear as to the need for specific cardiac clearance prior to surgery.

**Conclusion/Decision to Not Certify:**

1. ITEM(S) IN DISPUTE: Preauthorization request for: Decompression at L3-S1, TLIF at L3-4, L4-5, PSF L3-S1 and Cardiac Clearance/#22612, #22630, #22842, #95920, and #95826.

The pre-authorization request for decompression at L3-S1, TLIF at L3-4, L4-5, PSF L3-S1 and cardiac clearance/#22612, #22630, #22842, #95920, and #95826 is not recommended as medically necessary.

**Applicable Clinical of Scientific Criteria or Guidelines Applied in Arriving at Decision:**

AAOS, Orthopedic Knowledge Update, Spine, chapter 35, page 336-37

(continued)

-----

The physician providing this review is board certified in Orthopaedic Surgery. The reviewer is a member of the American Academy of Orthopaedic Surgeons, the American Medical Association, the Pennsylvania Medical Society, and the Pennsylvania Orthopaedic Society. The reviewer is certified in impairment rating evaluations through the Bureau of Workers Compensation. The reviewer has research and publication experience within their field of specialty. This reviewer has been in active practice since 1996.

MRloA is forwarding this decision by mail, and in the case of time sensitive matters by facsimile, a copy of this finding to the treating provider, payor and/or URA, patient and the TWCC.

#### YOUR RIGHT TO REQUEST A HEARING

Either party to the 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 as per 28 Texas 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 as per Texas Admin. Code 102.4 (h) or 102.5 (d). A request for hearing should be sent to:

Chief Clerk of Proceedings / Appeals Clerk  
P. O. Box 17787  
Austin, TX 78744

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

It is the policy of Medical Review Institute of America to keep the names of its reviewing physicians confidential. Accordingly, the identity of the reviewing physician will only be released as required by state or federal regulations. If release of the review to a third party, including an insured and/or provider, is necessary, all applicable state and federal regulations must be followed.

Medical Review Institute of America retains qualified independent physician reviewers and clinical advisors who perform peer case reviews as requested by MRloA clients. These physician reviewers and clinical advisors are independent contractors who are credentialed in accordance with their particular specialties, the standards of the American Accreditation Health Care Commission (URAC), and/or other state and federal regulatory requirements.

The written opinions provided by MRloA represent the opinions of the physician reviewers and clinical advisors who reviewed the case.

(continued)

These case review opinions are provided in good faith, based on the medical records and information submitted to MRloA for review, the published scientific medical literature, and other relevant information such as that available through federal agencies, institutes and professional associations. Medical Review Institute of America assumes no liability for the opinions of its contracted physicians and/or clinician advisors. The health plan, organization or other party authorizing this case review agrees to hold MRloA harmless for any and all claims which may arise as a result of this case review. The health plan, organization or other third party requesting or authorizing this review is responsible for policy interpretation and for the final determination made regarding coverage and/or eligibility for this case.

1175168.1

cb

cc: Requestor  
Respondent