

# IRO America Inc.

## An Independent Review Organization

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October 13, 2005

TDI-DWC Medical Dispute Resolution

Fax: (512) 804-4868

Patient: \_\_\_\_\_  
TDI-DWC #: \_\_\_\_\_  
MDR Tracking #: M2-05-2285-01  
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 M.D., 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

Office note, Dr. Bennett, 12/05/02, 08/05/03, and 08/24/05

MRI lumbar spine, 12/05/02

Office note, Dr. LeGrand, 12/19/02, 01/02/03, 01/23/03, 03/10/03, 04/21/03, 06/30/03, 01/02/03, 12/04/03, 03/04/04, 03/25/04, 04/05/04, 07/08/04, 08/12/04, 10/18/04, 01/03/05, 07/07/05, and 07/18/05

Lumbar myelogram, 01/17/03 and 03/19/04

History and physical, 03/26/03 and 07/13/04

Operative report, 03/26/03, 03/19/04, and 07/13/04

Discharge summary, 03/28/03 and 07/15/04  
Treatment plan, Dr. Bennett, 04/14/03  
X-rays lumbar spine, 04/21/03, 06/30/03, 03/04/04, 08/12/04, 10/18/04, 04/07/05, and 07/07/05  
Office note, Dr. Gaggubati,  
Functional capacity evaluation, 09/02/03  
X-rays post-op, 12/04/03  
CT lumbar spine, 03/19/04  
Note from Dr. Walker, 01/21/05  
Request for lumbar myelogram with CT, 07/12/05  
Pre-authorization determination, Dr. Van Hal, 07/18/05  
Pre-authorization determination, Dr. Buck, 07/28/05  
Note from Corvel, 08/18/05  
Note, Dr. Wehmeyer, 08/19/05  
Note from Dr. Bennett to Dr. Walker, 08/23/05  
Note from Attorney, 08/24/05  
Undated note from Claimant

### **CLINICAL HISTORY**

The patient is a 61 year old male who injured his low back while lifting trashcans weighing approximately 30-40 pounds on \_\_\_\_\_. The patient had a history of a lumbar laminectomy done for right leg pain 20 years prior to 12/02 with good results and no problems until the \_\_\_\_\_ injury. On 03/26/03 The patient ultimately underwent decompressive L3-5 laminectomy, recurrent, right, bilateral L3, 4 and L5 root decompression with opening of the lateral recesses and foraminotomies, recurrent on the right, bilateral L3-4, L4-5 excision of herniated disc with root decompression, microscopic, recurrent on the right, bilateral L3-4 and L4-5 anterior spinal column arthrodesis, interbody technique, bilateral L3-4 and L4-5 interbody cage implants, bilateral L3, L4 and L5 pedicle screws and rods with L3-4 crosslink, bilateral posterolateral fusion and morselized autograft. The patient had continued and increasing back and mechanical mid lumbar pain bilaterally, radiating hip and leg pain and neurological deficit. Ultimately on 07/15/04 The patient underwent exploration of previous fusion, removal of portion of previously placed spinal instrumentation, lumbar 2-3 decompressive laminectomy, bilateral lumbar 2 and lumbar 3 root decompression with opening of lateral recesses and foraminotomies, bilateral lumbar 2-3 excision of herniated disc with root decompression, bilateral lumbar 2-3 anterior spinal column arthrodesis, interbody technique, bilateral lumbar 2-3 interbody cage implants, bilateral L2-4 posterolateral fusion, and bilateral lumbar two and three pedicle screws and rods and morselized autograft. X-rays of the lumbar spine performed on 08/12/04 showed postoperative changes without acute abnormality. Dr. Walker performed a medical legal evaluation on 01/21/05 and indicated that the patient was at permanent and stationary as of 12/08/04 with a 25 percent whole person rating. This was disputed. The patient had increasing low back pain, hip and bilateral leg pain and walked with a slightly flexed posture at the low back. A lumbar myelogram with CT was recommended for further investigation. This was denied on two prior reviews of 07/18/05 and 07/28/05. This is being appealed.

### **DISPUTED SERVICE(S)**

Under dispute is prospective and/or concurrent medical necessity of Preauthorization denied for lumbar myelogram with CT.

## **DETERMINATION/DECISION**

The Reviewer agrees with the determination of the insurance carrier.

### **RATIONALE/BASIS FOR THE DECISION**

The Reviewer reviewed the medical records regarding this patient. In summary, the patient has undergone multi-level laminectomy and fusions with multiple surgeries and has been noted to have chronic low back, hip, and bilateral leg pain. On two prior occasions a lumbar myelogram with CT scan was denied. The question at this point is whether the lumbar myelogram with CT should be approved. It should be noted that the prior x-rays have demonstrated a good fusion and the patient was noted to be permanent and stationary as of 01/21/05. The patient has reported increasing low back pain, hip, and bilateral leg pain and a lumbar myelogram with CT was recommended. However, other than a positive straight leg raise on examination, there is no physical examination documented consistent with continued radiculopathy. The physical examination most recently by Dr. LeGrand on 07/18/05 is incomplete. Apparently there is some concern about the current pain being radicular in nature but there is no physical examination to document such other than a straight leg raise. The Reviewer believes that with an incomplete physical examination such as this that it is difficult to justify a repeat myelogram in a patient that has already undergone an extensive decompressive laminectomy and fusion in the past. The most recent surgery was just over a year ago and The Reviewer did not see anything that would indicate a new injury or new process occurring in a patient who has already been determined to be at permanent and stationary status as of January 2005. Even at that time The patient was noted to have pain down the left leg and the impression at that time was "radiculitis and post surgical syndrome with muscular atrophy and abnormal gait" by Dr. Walker. Certainly if the subjective complaints were new, different, or if there had been some interval change in the history of a complete physical examination a lumbar myelogram could be indicated but based on the lack of available data The Reviewer would concur with the prior denials based on the reasons above.

#### **Screening Criteria**

1. Specific: AAOS, Orthopedic Knowledge Update, Spine, 2, Chapter 8, pages 70-73
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]

TML Integovernment'l Risk Pool

Attn: Annette Moffett

Fax: 512-867-1733

Dr. Robert LeGrand

Attn: Medical Records

Fax: 325-657-0875

Dr. Don Bennett

Attn: Medical Records

Fax: 325-728-3737

Dr. Sam Daggubati

Attn: Medical Records

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## **Your Right To Appeal**

If you are unhappy with all or part of this decision, you have the right to appeal the decision. The decision of the Independent Review Organization is binding during the appeal process.

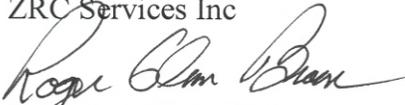
If you are disputing the decision (other than a spinal surgery prospective decision), the appeal must be made directly to a district court in Travis County (see Texas Labor Code §413.031). An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable. If you are disputing a spinal surgery prospective decision, a request for a hearing must be in writing and it must be received by the Division of Workers' Compensation, Chief Clerk of Proceedings, within ten (10) days of your receipt of this decision.

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 DWC 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 DWC via facsimile, U.S. Postal Service or both on this 13<sup>th</sup> day of October, 2005.**

**Name and Signature of IRO America Representative:**

Sincerely,  
ZRC Services Inc



Dr. Roger Glenn Brown  
Chairman & CEO