# 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 #: | M2-05-2359-01 |
| 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

Notification of IRO assignment, information provided by Requestor, Respondent, and Treating Doctor(s) including:
MRI, 01/06/05
T/S, 02/01/05
Office note, 3/24/05, 09/01/05
Second opinion, 05/12/05
Three level discogram, 06/10/05
Surgical request, 06/28/05
Peer review, 07/20/05

LOMN, 07/26/05
Appeal, 08/01/05
Functional capacity evaluation, 08/22/05
Request for medical dispute resolution, 09/13/05

## CLINICAL HISTORY

The patient is a 47 year old male who reportedly sustained a back injury 10 months ago after lifting a 50 pound bag of flour. The patient reported a sudden onset of low back pain and was treated conservatively with medication, physical therapy and chiropractic sessions with only minimal relief. An MRI of the lumbar spine with flexion and extension maneuvers obtained in January revealed a 1mm disc protrusion minimally effacing the ventral epidural fat and narrowing the neural exit foramina on both sides at L3-4 with noted bilateral facet arthrosis and effusion. At L4-5, there was a 2mm disc protrusion with a posterior annular tear and 20% narrowing of the neural exit foramina with bilateral facet arthrosis. At L5-S1, there was no evidence of a herniated disc, central spinal stenosis or neural foramina stenosis. There was increased signal noted about the posterior ligament near the attachment to the dorsal surface of the S1 vertebra indicative of a ligamentous strain and reparative changes. Facet arthrosis was noted bilaterally. The flexion /extension maneuvers revealed no significant exacerbation of the disc protrusions at L3-4 and L4-5. There was slight exacerbation of disc protrusion at L4-5 during extension motion exercise. The impression was acquired spondylolisthesis at L5–S1. The patient continued with complaints of low back pain with decreased lumbar motion.

A three level discogram and CT scan was performed in June and demonstrated concordant pain at L3-4 and L4-5 consistent with disc disruption and fissuring. There was non-concordant pain at the L5-6 level. An incidental finding noted some anterior compression of the 1st lumbar vertebrae and minimally the 2nd involving the superior endplate.

An office visit on 06/28/05, noted the claimant reported pain into the hips but no numbness, tingling or weakness in the lower extremities. Surgical intervention for anterior lumbar fusion at L5, L6 and S1 and posterior lumbar fusion and fixation at L5-S1 was recommended. This request was non-certified by peer review. The patient underwent a functional capacity evaluation in August and the recommendation was for intensive therapy and return to sedentary work.

The most recent clinical examination in September noted aching and tingling in the lumbar spine with pain radiating to the posterior calf bilaterally and down towards the bottom of both feet. Clinical findings showed a normal gait with a weak toe walk bilaterally. There was noted bilateral lumbar paraspinal spasm and bilateral sacroiliac joint pain with palpation. Muscle motor testing, reflexes and sensation remained intact and symmetrical. Straight leg raise testing was negative. The impression again was acquired spondylolisthesis and surgery was again requested.

## DISPUTED SERVICE(S)

Under dispute is prospective and/or concurrent, medical necessity of Preauthorization Vertebral corpectomy (Vertebral body resection) (ALF L5-6, L6-S1 PLIF L5-S1)

## DETERMINATION/DECISION

The Reviewer agrees with the determination of the insurance carrier.

## RATIONALE/BASIS FOR THE DECISION

The Reviewer reviewed the medical records on this patient. The patient has already had two previous denials for lumbar corpectomies and fusion. The Reviewer reviewed the MRI and CT scan results, neither of which demonstrates any evidence of instability or spondylolisthesis by the reports. Since the discogram is discordant at least at one level and there is no evidence of instability with multi-level degenerative disc disease, The Reviewer dose not believe that a fusion would be indicated and The Reviewer agrees with the previous denials for the corpectomies and anterior/posterior fusion.

**Screening Criteria**

1. Specific:
   ACOEM Chapter 12, page 305

Orthopedic Knowledge Update 8, Vaccaro, editor Chapter 45, page 556-557

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]

Robert Myles M.D.
Attn: Ronda
Fax: 817-282-6788

Liberty Mutual Fire Ins.
Attn: Carolyn Guard
Fax: 574-258-5349

**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 13th day of October 2005.**

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

Sincerely,
ZRC Services Inc

Dr. Roger Glenn Brown
Chairman & CEO