



Specialty Independent Review Organization, Inc.

October 7, 2005

TWCC Medical Dispute Resolution
7551 Metro Center Suite 100
Austin, TX 78744

Patient: ____
TWCC #: ____
MDR Tracking #: M2-05-2361-01
IRO #: 5284

Specialty IRO has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to Specialty IRO for independent review in accordance with TWCC Rule 133.308, which allows for medical dispute resolution by an IRO.

Specialty IRO 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.

This case was reviewed by a licensed Medical Doctor with a specialty in Neurology. The reviewer is on the TWCC ADL. The Specialty IRO health care professional 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 Specialty IRO for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

This gentleman had an on-the-job injury on _____. He had low back pain that was treated by Dr. Rosenstein. He did not respond to conservative measures and eventually underwent a posterior lumbar interbody fusion at L4-L5 on August 19, 2003.

His surgery went well and he experienced significant improvement of his symptoms. He was seen again in January 2005 with recurrent history of intermittent exacerbations of low back pain. He described it as feeling catches in his low back with extreme pain. He was treated with trigger point injections with intermittent short-term relief of his symptoms.

After having failed to receive long-term relief of his symptoms with conservative measures it was suggested that he may be having hardware related pain in his low back. He had had a previous CT scan of the lumbar spine in July 2004 that showed a good fusion of L4-L5. There also was suggestion of a small disc bulge at L5-S1.

It has been suggested by the treating physician that the patient be considered for removal of his hardware. Prior to surgery he had asked that a CT scan be repeated to further evaluate the disc bulge at L5-S1.

Records Reviewed:

1. Two non-authorization notices from Zurich Services Corporation dated 12/22/04 and 1/17/05 with appeal letters from Dr. J. Rosenstein regarding both.
2. Letter from Flahive, Ogden, and Latson attorneys and Steven Tipton dated 3/10/2005 and response from Carrier.
3. Office notes from Dr. Jacob Rosenstein from 10/7/2002 through 1-13-2005
4. EMG and NCV studies report dated 7-12-2002 from Dr. Roger Blair.
5. Office notes from Dr. Bobby Smith dated 7-18-2002.
6. Office notes from Dr. David Ray from 1-27-2001 through 10-24-2004
7. Independent Medical Examination performed on 7-30-2004 by Dr. Roby Mize.

REQUESTED SERVICE

The item in dispute is the prospective medical necessity of a lumbar CT scan at L1-S1.

DECISION

The reviewer agrees with the previous adverse determination.

BASIS FOR THE DECISION

The reviewer states that the CT scan would not provide any information that would change the treatment of this gentleman. His symptoms do not appear to have changed significantly since the previous CT scan. It has also been shown that he has a solid fusion at the L4-L5 level. The standard of care of preoperative evaluation of this gentleman has been met. He already has an imaging study identifying the disc bulge at L5-S1. Any further imaging studies are not going to change the recommended treatment for this gentleman.

Specialty IRO has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Specialty IRO has made no determinations regarding benefits available under the injured employee's policy. Specialty IRO believes it has made a reasonable attempt to obtain all medical records for this review and afforded the requestor, respondent and treating doctor an opportunity to provide additional information in a convenient and timely manner.

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

Sincerely,

Wendy Perelli, CEO

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.

Sincerely,

Wendy Perelli, CEO

I hereby certify, in accordance with TDI-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 7th day of October 2005

Signature of Specialty IRO Representative:

Name of Specialty IRO Representative: Wendy Perelli