



Specialty Independent Review Organization, Inc.

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January 27, 2005

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

Patient:  
TWCC #:  
MDR Tracking #: M2-05-0632-01  
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 Doctor of Osteopathy who is board certified in Orthopedics. 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 57-year old male injured his low back on \_\_\_\_\_. The patient works for as a cargo handler for the past 20 years. The patient's job involves loading and unloading the aircraft. He complains of low back pain with sporadic radiation to the left thigh.

The patient has been treated conservatively with pain medications, muscle relaxants, Chiropractic treatments, and physical therapy. The patient was seen by Dr. Masel from 11/18/03 through 12/21/04. The only physical examination was noted on 11/18/03 to have straight leg raise painful at 60 degrees, motor strength 5/5, no atrophy, and a normal gait. The patient was seen by Dr. Masel from 11/18/03 through 12/21/04. Through this time the patient has complained of low back pain and on 08/03/04 the patient states his pain is improved

because of Celebrex, Ultracet, and Soma. The patient had an MRI on 12/02/03 that revealed L3-4, 4-5, and 5-S1 facet arthrosis, annular bulge, moderate canal and foraminal stenosis.

Dr. Villarreal did one epidural steroid injection 03/2004. The patient has continued to have low back pain that has increased in 10/2004. He states that the pain is significant enough that he does not want to wait anymore and would like to have surgical intervention.

#### Records Reviewed

1. Records of Denial - Cambridge 11/09/04, 11/11/04, 12/01/04
2. Records from Doctor/Facility
  - David Masel, MD – Records from 11/18/03 through 12/21/04
  - J. Villarreal, MD - Records from 5/10/04
  - MRI – El Paso Orthopedic Surgery 12/02/03
3. Additional Records from Carrier
  - Ron Johnson, Attorney – 1/13/05

#### REQUESTED SERVICE

The items in dispute are the prospective medical necessity of an L3-S1 laminectomy, facetectomy and decompression.

#### DECISION

The reviewer agrees with the previous adverse determination.

#### BASIS FOR THE DECISION

The proposed L-3 to S-1 laminectomy, facetectomy, and decompression surgery is denied because of the lack of physical examination. The patient has a diagnostic test of an MRI that reveals moderate spinal and foraminal stenosis from L-3 to S-1. The only invasive treatment given is one epidural injection. Due to this lack of physical findings, there is no indication as to the cause of the patient's pain. There is no evidence of claudication, radiculopathy, or significant leg pain to the foot. The one physical finding and the clinical complaints are not consistent with the procedure recommended. This decision is consistent with Campbell's Operative Orthopedics, 10<sup>th</sup> Edition; Rothman, THE SPINE, 4<sup>th</sup> Edition; Howard, S – PRINCIPLES AND TECHNIQUES OF SPINE SURGERY; Manchikanti, et al., ASIPP PRACTICE GUIDELINES, Pain Physician Volume 4 #!, 2001, pp. 24-98.

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 REQUEST A HEARING**

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

In the case of prospective *spinal surgery* decision, a request for a hearing must be made in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** days of your receipt of this decision. (20 Tex. Admin. Code 142.5(c)).

In the case of other *prospective (preauthorization) medical necessity* disputes a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d). A request for a hearing should be sent to: Chief Clerk of Proceedings, Texas Worker's Compensation Commission, P.O. Box 17787, Austin, TX 78744. The fax number is 512-804-4011. A copy of this decision should be attached to the request.

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute, per TWCC rule 133.308(u)(2).

Sincerely,

Wendy Perelli, CEO

**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   8th   day of   January  , 2005**

**Signature of Specialty IRO Representative:**

**Name of Specialty IRO Representative:           Wendy Perelli**