

MEDICAL REVIEW OF TEXAS

[IRO #5259]

3402 Vanshire Drive

Austin, Texas 78738

Phone: 512-402-1400

FAX: 512-402-1012

NOTICE OF INDEPENDENT REVIEW DETERMINATION

TWCC Case Number:	
MDR Tracking Number:	M2-05-0692-01
Name of Patient:	
Name of URA/Payer:	United Pacific
Name of Provider: (ER, Hospital, or Other Facility)	Pisharodi Clinic
Name of Physician: (Treating or Requesting)	Madhaven Pisharodi, MD

February 10, 2005

An independent review of the above-referenced case has been completed by a medical physician board certified in orthopedics. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by Texas Medical Foundation, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

Medical Review of Texas (MRT) hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to MRT.

Sincerely,

Michael S. Lifshen, MD
Medical Director

cc: Pisharodi Clinic
Madhaven Pisharodi, MD
Texas Workers Compensation Commission

CLINICAL HISTORY

This 56-year-old man was loading and unloading boxes for _____ and developed low back pain. His date of injury was ____.

The patient was initially treated by a chiropractor. In 1997, Dr. Tijerina performed a surgical procedure on the patient's low back. No operative reports are available for review of this procedure; however the records indicate that two disc levels were addressed.

The patient came under the care of Dr. Pisharodi in 2001. EMG and nerve conduction studies performed at that time reportedly showed S1 and possibly an L5 nerve root compression on the right. An MRI reportedly showed L2-3 and L3-4 central stenosis and L4-5 lateral recess stenosis. The patient was reported to be 6' and 238 pounds at that time.

On 5/29/02 the patient was taken to the operating room by Dr. Pisharodi for an L2-3 radical discectomy and interbody graft, an L4-5 discectomy on the right and posterior instrumentation and fusion from L2-L5. Post operatively the patient had persistent back pain. He was also diagnosed with depression by Dr. Pisharodi in November 2002.

The patient was not seen by Dr. Pisharodi from November 2002 until November 2004. The patient stated at that time that he had had chronic low back pain exacerbated by activities. On an appointment with Dr. Pisharodi on 11/19/04 x-rays of the lumbar spine were reviewed which Dr. Pishardi stated showed a solid fusion. A CT scan of the lumbar spine performed on 11/11/04 reportedly showed post surgical changes with calcification of the L2-3 disc space. Pedicle screw fixation was present from L2-L5. There was noted to be spondylosis at L4-5 and L5-S1.

REQUESTED SERVICE(S)

Removal of hardware and fusion at L2-3 and L4-5. LOS x 2 days.

DECISION

Denied. Concur with the carrier that there is no objective evidence provided that the hardware is symptomatic. Further, the records indicate that the fusion is solid. No need for repeat arthrodesis has been demonstrated.

RATIONALE/BASIS FOR DECISION

Dr. Pisharodi reported that the x-rays he reviewed on 11/19/04 showed the lumbar fusion to be solid. Neither his x-rays nor the CT scan performed on 11/11/04 indicated that there was any problem with the hardware. Specifically there was no report of any hardware malposition or loosening. In the absence of hardware problems and radiographs that show solid fusion, there is no basis to request re-fusion at L2-3 and L4-5. Dr. Pisharodi does not indicate anywhere in his medical records why the procedure is being requested.

Hardware removal is also being requested based on this patient's back pain and the fact that the patient feels a "lump" in his back.

It is very unlikely that a 6', 238 pound man can feel his hardware. Dr. Pisharodi did not report being able to palpate the hardware. His opinion was that hardware removal only had a 20 percent chance of helping the patient's back pain. It could be suggested that this is a very optimistic success estimate in a man who has had a 4-level fusion and is know to have spondylosis at the only remaining mobile level below the fusion. This man has had chronic back pain prior to and subsequent to his arthrodesis. Unless some objective finding, either by a hardware block or otherwise, is provided to document that the hardware is symptomatic hardware removal is not justified.

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.

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 **10** (ten) calendar days of your receipt of this decision (20 Tex. 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 **20** (twenty) calendar 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 or the date of fax (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings/Appeals Clerk
Texas Workers' Compensation Commission
P.O. Box 17787
Austin, Texas 78744

Or fax the request to (512) 804-4011. A copy of this decision must be attached to the request.

The party appealing the decision shall deliver a copy of its written request for a hearing to the opposing party involved in the dispute.

In accordance with Commission Rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 10th day of February, 2005.

Signature of IRO Employee: _____

Printed Name of IRO Employee: Cindy Mitchell