



Specialty Independent Review Organization, Inc.

May 20, 2005

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

Patient: ____
TWCC #: ____
MDR Tracking #: M2-05-1452-01
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 with a specialty 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 44 year old female injured her neck and back on ____ . She was helping a manager pick up 150-200 pound table and she heard a pop and felt pain in her neck and low back. She continued to work, but had pain in her neck and back. She sought chiropractic care, but this did not alleviate the pain. On 04/28/1997 she was complaining of pain in her neck radiating down her left arm to her fingers. She also complained of numbness in her 4th and 5th fingers. The patient also had low back pain radiating down her left leg to her foot.

The physical examination on 04/28/1997 had muscle spasm, restricted range of motion because of pain, straight leg raise positive on the left at 10 degrees. The cervical spine examination revealed tenderness in the lower cervical spine associated with muscle spasm and her range of motion was normal.

The patient had an MRI of the lumbar spine on 04/21/1997 that is reported as normal. An EMG test of the upper extremities on 05/01/1997 suggests C5,6,7 radiculopathies. The MRI scan of the cervical spine on 04/21/1997 revealed a herniated disc at C5-6 and 6-7, compressing the left nerve root at 6-7.

The examination of 02/15/1998 reports the patient has malingering. The physical examination of the cervical spine revealed no muscle spasm, but marked limitation of range of motion in all planes. Multiple trigger points in the trapezius and head compression tests produced neck pain. There was voluntary giving away on motor testing on the left side. The patient continued to have tingling in her little and ring fingers.

The patient did not respond to the conservative care and on 07/29/1998, the patient underwent an anterior cervical discectomy and fusion at C5-6 and 6-7.

Following surgery the patient continued to have left arm pain. An MRI of 10/15/1998 revealed status post interbody fusion at C5-6 and C6-7 with left paracentral compromise of the cord at both levels secondary at spondylotic changes and/or post-operative changes. No definite acute disc herniation was present.

The EMG dated 07/12/1999 shows a normal EMG/NCV study of the right and left lower extremities. There is no evidence of lumbar radiculopathy, plexopathy or mononeuropathy of the sural, peroneal or posterior tibial nerves.

The lumbar spine X-rays of 08/24/2001 revealed mild L5-S1 disc space narrowing. The MRI of 09/05/2001 of the lumbar spine showed a mild disc bulge at L5-S1.

This patient has had numerous consultations with psychiatry and on 04/29/2003 was diagnosed with major depression, severe with psychotic features. The report of 04/22/2005 reveals that the patient had her surgery on the neck and epidural injections without improvement. Because of the pain the patient can sleep only 2-3 hours at night. She has become very angry and even planned to jump out of the car to kill herself. The patient reports she is unable to stand, sit, or walk for prolonged periods of time. She is unable to bend, stoop, or kneel for any length of time. Cold weather aggravates her symptoms.

The functional tests of McGill Pain Assessment reveal: Patient has current pain radiating down both arms. Beck Depression Inventory indicates the patient is experiencing severe levels of depression. Beck Anxiety Inventory revealed the patient had severe level of anxiety. The patient currently is under a psychotherapist counseling once a week.

RECORDS REVIEWED

R. Bauch, Letter: 2/01/05.

Intra Corp Letter: 1/25/05, 2/15/05.

M. L'Ecuyer, MD Letter: 4/28/97.

Records from Doctor/Facility:

R. Saqer, MD Reports: 4/18, 4/22, 5/2/05.

Additional Records from Carrier:

6 inches of records supplied for this review. These records include reports dated 3/31/1997 through 2/15/2005.

N Tarrand MD, C Covert MD, P Roy MD, Kingwood Medical,
D Carlyle MD, V Hede MD.

Baylor College of Medicine.

Woodstead MRI..

Memorial Hospital.

IntraCorp.

D Olson

J Billinsky, Jr MD

S Moldouan MD

C Loar MD

OMNI Pit.

Cleveland Area Rehab

Carter Behavioral

ESIS

K Kumar MD

B Williams DC

T Parsons MD

A Jain MD

W Talmage MD

MyoDynamic

J Scarpino MD

Methodist Hospital

R Simpson MD

E Gaer MD

A Azimpoor MD

Spring Branch Hospital

B Tiengson MD

S Smoote Ph.D.

T Lu MD

C Gaitz MD

B Blacklock MD

Lyndon B Johnson Hospital

G Hutchinson MD

J Valdez MD

REQUESTED SERVICE

The requested service is a posterior transforaminal interbody fusion at L5/S1 autograft with instrumentation.

DECISION

The reviewer agrees with the previous adverse determination.

BASIS FOR THE DECISION

This patient is suffering from severe depression with psychotic features to the point the patient has considered suicide. ACOEM Guidelines for consideration of surgery include: Back pain for at least 3 months, failure of conservative treatment, is a candidate for surgery, has been briefed on potential risks, and has satisfactory results from detailed psychosocial assessment. This patient has failed the psychosocial assessment. This patient, therefore, is not a candidate for further surgery. Presently, this patient is undergoing psychotherapy counseling once a week.

REFERENCES

ACOEM GUIDELINES, 2nd Edition, Chapter 12 - Back

Rothman & Simeone: THE SPINE, 4th Edition.

Bucholz: ORTHOPAEDIC DECISION MAKING, 2nd Edition.

ASIPP Practice Guidelines, 2001.

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 _____ 20th _____ day of _____ May _____, 2005

Signature of Specialty IRO Representative:

Name of Specialty IRO Representative: Wendy Perelli