

IRO America Inc.
An Independent Review Organization
7626 Parkview Circle
Austin, TX 78731
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facsimile transmittal

To: Fax: 512-804-4868
From: IRO America Inc. Date: 3/27/2008
Re: Final Decision Letter Pages: 5
Cc:

Urgent For review Please Please reply Please recycle

IRO America Inc.

An Independent Review Organization

7626 Parkview Circle

Austin, TX 78731

Phone: 512-346-5040

Fax: 512-692-2924

April 5, 2006

TDI-DWC Medical Dispute Resolution

Fax: (512) 804-4868

Patient: _____

TDI-DWC #: _____

MDR Tracking #: _____

M2-06-0721-01

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 DWC 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 MD, board certified and specialized in Orthopedic Surgery. The reviewer is on the DWC 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 the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent, or any of the treating doctors or insurance carriers health care providers who reviewed the case for decision before 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, records from the Requestor, Respondent, and Treating Doctor(s), including:

- MRI lumbar, 07/06/05
- MRI thoracic, 07/22/05
- Note, Dr. Henry, 07/28/05
- Office visits, Dr. Henry, 09/01/05, 09/29/05, 11/14/05
- ESI, lumbar, 09/22/05
- Case note, Dr. Ratliff, 10/11/05
- EMG/NCS, 10/14/05
- Selective nerve root block, 11/09/05
- Review, Dr. Rangaswamy, 11/22/05

- Letter, Liberty Mutual, 11/28/05, 12/30/05, 02/17/05, 02/24/05
- Review, Dr. Scoles, 12/30/05

CLINICAL HISTORY

The Patient is a 47 year-old male with a history of L3-5 laminectomies in 1999. On _____ he was moving a heavy cabinet when two boxes that were on top of the cabinet fell onto the top of his head. He noted an onset of low back pain with left greater than right leg pain. He later treated for cervical spine pain as well. His conservative management consisted of physical therapy that made him worse, a Medrol dose pack that caused hypertension, anti-inflammatory and pain medications, electrical muscular stimulation, lumbar epidural steroid injection without significant relief and a selective nerve root block without lasting benefit. MRI evaluation performed on 07/06/05 demonstrated disc herniation at L2-3 and L5-S1 with edema at L4-5. Electrodiagnostic studies conducted on 10/14/05 identified bilateral L5 radiculopathy with left L2, L3 and S1 radiculopathy. Unilateral or bilateral laminectomy, facetectomy, foraminotomy with decompression has been recommended.

DISPUTED SERVICE(S)

Under dispute is the prospective, and/or concurrent medical necessity of Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression).

DETERMINATION/DECISION

The Reviewer disagrees with the determination of the insurance company.

RATIONALE/BASIS FOR THE DECISION

The Reviewer recommends approval of the proposed laminectomy and discectomy with decompression as being medically necessary. The Patient has electrodiagnostic evidence of bilateral S1 radiculopathy. This corresponds with the MRI findings that show disc herniation and lateral recess stenosis at the L4-5 level and the L5-S1 level. There is electrodiagnostic evidence of radiculopathy at bilateral L5 and left S1 levels. The Patient has had extensive conservative treatment including physical therapy, epidural steroid injections and selective nerve root blocks, none of which have given him significant improvement that has been sustained. Based on the fact The Patient has persistent ongoing pain complaints that correspond to his MRI findings and does have documented neurologic changes the proposed surgery is recommended as being medically necessary.

Screening Criteria

1. Specific:

- Official Disability Guideline, Treatment in Workers' Comp 2006, 4th Edition; page 808.

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 DWC 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 DWC, the Injured Employee, the Respondent, the Requestor, and the Treating Doctor.

Sincerely,
IRO America Inc.

Dr. Roger Glenn Brown
President & Chief Resolutions Officer

Cc: _____

Liberty Mutual Corporation / Liberty Mutual
Attn: Rebecca Shultz
Fax: 574-258-5349

Dr. Shawn Henry
Fax: 817-429-4547

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 Patient's representative) and the DWC via facsimile, U.S. Postal Service or both on this 5th day of April, 2006.

Name and Signature of IRO America Representative:

Sincerely,
IRO America Inc.

Dr. Roger Glenn Brown
President & Chief Resolutions Officer