

# P-IRO

An Independent Review Organization  
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November 30, 2005

TDI-DWC Medical Dispute Resolution  
Fax: (512) 804-4868

Delivered via Fax

Patient / Injured Employee \_\_\_\_\_  
TDI-DWC # \_\_\_\_\_  
MDR Tracking #: M2-06-0156-01  
IRO #: 5312

P-IRO, Inc. has been certified by the Texas Department of Insurance as an Independent Review Organization. The TDI-Division of Worker's Compensation (DWC) has assigned this case to P-IRO for independent review in accordance with DWC Rule 133.308 which allows for medical dispute resolution by an IRO.

P-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.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed M.D. board certified and specialized in Orthopedic Surgery. The reviewer is on the DWC Approved Doctor List (ADL). The P-IRO 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, information provided by The Requestor, Respondent, and Treating Doctor(s), including: Emergency room report \_\_\_\_\_

Total bone scan 05/08/03

Lumbar MRI 06/01/04

Office note of Dr. Urrea 07/23/04, 05/02/05, 05/16/05, 07/06/05, 08/03/05, 08/22/05

Procedure note 10/26/05

Impairment rating exam with Dr. Stringfellow 01/04/05

Procedure note 02/15/05

EMG/NCV 03/03/05  
Lumbar discogram 04/12/05  
Lumbar CT 04/12/05  
Office note of Dr. Jennings 07/15/05

### CLINICAL HISTORY

The Patient is a 37 year old male injured on \_\_\_\_\_. The Patient was seen in the Emergency Department on \_\_\_\_\_ and diagnosed with a bilateral hip contusion. A total bone scan done on 05/08/03 revealed no abnormalities of the lumbar spine. There was suggestion of increased osteoblastic activity involving the left anterior superior iliac spine and a focal area of increased osteoblastic activity in the lateral portion of the left superior pubic ramus. A lumbar MRI done on 06/01/04 revealed mild degenerative disc disease and degenerative joint disease of the lumbar spine.

The Patient was seen by Dr. Urrea on 07/23/04. Exam at that time revealed pain with extension, rotation, and lateral bending. There was tenderness in the posterior retro-spinous muscles with the left greater than the right. Reportedly a lumbar series showed decreased disc space of L5-S1 with six non-rib weight bearing vertebrae with a widened transverse process at L6. Dr. Urrea noted that an MRI showed decreased disc space and degenerative disc disease at three levels. There was a high-intensity zone at L3-4 and L4-5 and the L5-S1 had a central HNP as well as an L3-4 HNP with an annular tear. The impression was lumbago, degenerative disc disease and annular tear of L3-4 and L4-5. Soma, Ibuprofen, epidural injection, and a facet block were prescribed. On 10/26/04 an L4-5 epidural injection was performed.

According to an impairment rating examination with Dr. Stringfellow on 01/04/05 The Patient had reached maximum medical improvement with a 7 percent whole person impairment. On 02/15/05 facet injections were given to the bilateral L4-5 and L5-S1 facets. EMG/NCV studies done on 03/03/05 revealed mild sensory motor polyneuropathy with demyelinating changes on both posterior tibial nerves but no evidence of lumbar radiculopathy. A lumbar discogram done on 04/12/05 revealed concordant low back pain at L3-4 and L4-5 and a negative discogram at L2-3. The discogram at L5-S1 reportedly could not be done secondary to the claimant's anatomy. A lumbar CT scan done on 04/12/05 revealed midline posterior extension of contrast to the posterior margin of the annulus fibrosis suggestive of a radial tear and diffuse posterior annular bulge at L3-4. At L4-5 most of the contrast was noted in the left anterior aspect of the disc and a small amount of contrast was seen along the posterior margin of the annulus fibrosis. The Patient saw Dr. Urrea on 05/02/05, 05/16/05, and 07/06/05 with continued pain.

On 07/15/05 The Patient saw Dr. Jennings with complaints of left sided low back pain. Medications at that time included Hydrocodone, Neurontin, and Soma. On exam deep tendon reflexes were 2+ at the right patellar and Achilles and 3+ on the left. There was tenderness of the sacroiliac joint bilaterally and straight leg raise was positive bilaterally. A discogram was recommended and Hydrocodone, Robaxin, and Naprosyn prescribed. On 08/03/05 Dr. Urrea noted low back pain as well as bilateral lower extremity pain/paresthesia on the left that went to the lateral aspect of the thigh into the posterior aspect of the lower calf. There was also pain that went to the anterior medial aspect of the right lower leg. According to Dr. Urrea's 08/22/05 note the claimant's chronic low back pain was unchanged. He had bilateral lower extremity radicular symptoms of pain and paresthesia along the left lateral aspect of the thigh and the posterior aspect of the lower calf which remained unchanged, however the areas of presentation had increased. At

that time The Patient also had pain along the anterior and medial aspect of the right lower leg as well as the anterior right thigh. On exam he had some difficulty standing from a sitting position. Range of motion was limited and guarded. There was decreased sensation along the anterior both thighs and the lateral left thigh. Motor was intact with hyperreflexia of both Achilles reflexes and straight leg raise was positive bilaterally. A selective endoscopic discectomy with annuloplasty of the L3-4 and L4-5 as well as an open L5-S1 discectomy has been recommended. This procedure was denied per peer review on 06/24/05 and 08/17/05.

### **DISPUTED SERVICE (S)**

Under dispute is the prospective and/or concurrent medical necessity of Selective endoscopic discectomy with annuloplasty of L3-4 and L4-5 along with open L5-S1 discectomy.

### **DETERMINATION / DECISION**

The Reviewer agrees with the determination of the insurance carrier.

### **RATIONALE/BASIS FOR THE DECISION**

The Reviewer agrees that the proposed procedure, selective endoscopic discectomy with annuloplasty at L3-4 and L4-5 along with an open L5-S1 discectomy is not medically necessary. This procedure has not been proven to be effective and there is no evidence that it will lead to any significant improvement in The Patient's condition and in fact may make The Patient significantly worse. Consequently, The Reviewer did not recommend the proposed procedure as being medically necessary.

### **Screening Criteria**

#### 1. Specific:

Orthopedic Knowledge Update: Spine 2, Chapter 47, pages 469-470

Reviewer Cites from any of the following

#### 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 literature 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.

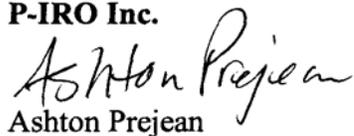
**CERTIFICATION BY OFFICER**

P-IRO has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. P-IRO has made no determinations regarding benefits available under the injured employee's policy.

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

P-IRO 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,  
**P-IRO Inc.**



Ashton Prejean

**President & Chief Resolutions Officer**

Cc: [Claimant]

Texas Mutual Ins. Co.  
Attn: Latrece Giles  
Fax: 512-242-7094

Dr. Robert Urrea  
Fax: 915-881-8082

## **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.

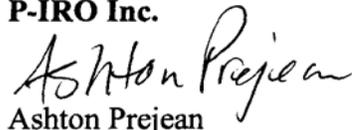
The party appealing this decision shall deliver a copy of its written request for a hearing to other party involved in this dispute.

**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, patient (and/or the patient's representative) and the DWC via facsimile, U.S. Postal Service or both on this 30<sup>th</sup> day of November 2005.**

**Name and Signature of P-IRO Representative:**

Sincerely,

**P-IRO Inc.**



Ashton Prejean

**President & Chief Resolutions Officer**