

P-IRO

An Independent Review Organization
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December 8, 2005

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

Delivered via Fax

Patient / Injured Employee

TDI-DWC #

MDR Tracking #:

M2-06-0158-01

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: Office notes, Dr. Oritz, 08/11/03, 08/19/03, 08/25/03, 09/11/03, 10/13/03, 10/20/03, 10/29/03, 11/25/03, 12/29/03, 01/07/04, 01/28/04, 02/16/04, 03/08/04, 03/05/04, 04/26/04, 05/06/04, 06/03/04, 06/17/04, 07/08/04, 07/21/04, 07/19/04, 09/14/04, 09/23/04, 10/21/04, 11/29/04, 05/16/05, 06/15/05, 06/22/05, 07/07/05, 08/03/05, and 08/22/05
Operative report, 11/15/04
MRI lumbar spine, 05/02/05
Addendum to MRI, 05/02/05
Fluoroscopic study of lumbar spine, 06/01/05

Office notes, Dr. Dent, 09/20/05, 10/13/05, and 10/26/05
Medical dispute resolution request/response, 11/04/05
Dr. Bidal's request for medical dispute resolution, 11/14/05

CLINICAL HISTORY

This 41 year old female reported severe lower back pain on ___ after pulling a dolly with newspapers. The records indicated that The Patient was diagnosed with lumbar derangement syndrome and lumbar radicular syndrome. Conservative treatment included physical therapy, medications and four epidural steroid injections. An MRI of the lumbar spine done on 09/11/03 showed a protrusion at L4-5 causing mild central stenosis and mild bilateral recess encroachment of the L5 roots.

The Patient continued treatment for low back pain and right lower extremity paresthesias. The records indicated that The Patient underwent a lumbar spine discectomy on 10/05/04 by Dr. Tionson. This was followed by a right L4-5 laminectomy and discectomy for decompression of the nerve root and spinal micro-dissection on 11/15/04 performed by Dr. Bindal.

On a 10/26/05 physician visit, it was noted that The Patient remained symptomatic reporting low back pain and spasm, restricted motion, radicular paresthesias and weakness of the right leg. The diagnosis was post laminectomy syndrome, lumbar radiculitis status post lumbar laminectomy. The Patient was using a cane to ambulate and was unable to work. A re-do L4-5 laminectomy interbody fusion was recommended.

DISPUTED SERVICE (S)

Under dispute is the prospective and/or concurrent medical necessity of Preauthorization laminectomy L4-5.

DETERMINATION / DECISION

The Reviewer agrees with the determination of the insurance carrier.

RATIONALE/BASIS FOR THE DECISION

The Reviewer agrees that the redo laminectomy with fusion is not medically necessary. The Patient has evidence only of scar tissue in the lateral recesses and the decompression will not address the scar tissue. In fact it may get worse. There is no evidence of any instability of the lumbar spine that would require stabilization with a fusion. Fusions without evidence of instability have not been proven to be effective for pain relief. There is no evidence that the proposed surgery will lead to any significant further improvement and with The Patient already having significant scar tissue around the nerve roots, the proposed decompression cannot make the condition better and has the possibility of making her condition significantly worse. The Reviewer would not recommend either the decompression or the surgery as being medically necessary.

Screening Criteria

1. Specific:

Orthopedic Knowledge Update: Spine Chapter 36 p. 344

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

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:

Rajesh Bindal, M.D.
Attn: Ester
Fax: 281-313-0052

Houston ISD
Attn: Robert Josey
Fax: 512-346-2539

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.

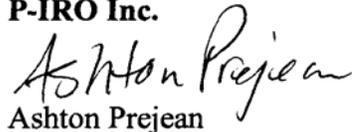
If you are disputing the decision (other than a spinal surgery prospective decision), the appeal must be made directly to a district court in Travis County (see Texas Labor Code §413.031). An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the 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 8th day of December, 2005.

Name and Signature of P-IRO Representative:

Sincerely,
P-IRO Inc.



Ashton Prejean

President & Chief Resolutions Officer