P-IRO

An Independent Review Organization
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Amended January 10, 2006
January 6, 2006

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

Patient / Injured Employee	___
TDI-DWC #	___
MDR Tracking #:	M2-06-0396-01
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: Orthopedic office note 11/18/03
Office notes of an unknown physician 11/21/03, 12/05/03, 12/19/03, 02/06/04, 03/16/04, 08/30/04, 09/23/04, 10/20/04, 01/21/05, 04/18/05, 09/13/05, 09/26/05
MRI 02/18/04
Chiropractic notes 04/01/04 to 09/10/04
IME 05/18/04

Pain management note 05/27/04
Neck/back consult with Dr. Urrea 06/07/04
Peer review 07/13/04
Facet blocks 08/13/04

CLINICAL HISTORY

The Patient is a 42 year old female who reportedly sustained an injury on ___ after lifting a 50 pound container. The Patient developed low back and right lower extremity pain. On initial examination, there was full motion in the lumbar spine and hips with pain at end range and trigger point area at the right lower lumbosacral paraspinal musculature. X-rays showed very mild disc space narrowing at L5-S1. The impression was a lumbar sprain and The Patient was given a trigger point injection with good relief, medications and placed on light duty work status. The Patient symptoms continued to improve and she returned to regular duty status in December of 2003.

The Patient presented in February of 2004 with increased back pain and radiation of pain into the lower extremities and weakness in the right leg. Clinically, there was noted pain across the lower back and into the buttocks on forward flexion and tenderness at the right lumbosacral /SI joint area. There was some noted giveaway weakness in the right hip. Physical therapy was initiated.

On 02/18/04, a lumbar MRI reported facet arthrosis with mild canal stenosis at L2-3 and mild canal stenosis due to facet arthrosis and ligamentum flavum at L4-5 with a noted annular tear and shallow disc protrusion.

The Patient was treated with medications and extensive chiropractic therapy. An independent medical examination on 05/18/04 declared The Patient had reached maximum medical improvement and was assigned a 5 percent whole body impairment rating. The Patient was referred to pain management.

In June of 2004, The Patient continued with complaints of pain in both lower extremities, the right greater than the left, along with decreased sensation in the right lower extremity. The Patient underwent bilateral facet blocks at 4-5 and L5-S1 with no beneficial response. The Patient continued with therapy and medications and additional trigger point injections.

An office note on 04/18/04 noted bilateral lower extremity numbness with positive straight leg raise bilaterally and bilateral positive Patrick's. The Patient was scheduled for a lumbar discogram.

The discogram revealed an annular tear laterally and posteriorly at L3-4 and a poster annular tear at L4-5. The discogram was positive at L4-5 for concordant low back pain and L2-3 and L3-4 were negative.

The most recent office note provided was from 09/26/05. On examination, there was decreased sensation in the right anterior thigh and calf with mild weakness of the right extensor hallucis longus as compared to the left. Straight leg raise was positive on the right. The impression was discogenic pain at L4-5 with an annular tear. The physician noted The Patient had failed extensive conservative treatment and wanted to proceed with selective endoscopic discectomy with annuloplasty of L4-5. This request was not certified and is now under medical dispute.

DISPUTED SERVICE (S)

Under dispute is the prospective and/or concurrent medical necessity of Lumbar endoscopic discectomy at L4-L5

DETERMINATION / DECISION

The Reviewer agrees with the determination of the insurance carrier.

RATIONALE/BASIS FOR THE DECISION

The Reviewer cannot recommend the proposed endoscopic discectomy with annuloplasty as being medically necessary. This treatment has not been proven to be effective. The Patient has only discogenic pain with no evidence of any radiculopathy. There is no evidence of neurologic compromise or anything to suggest that removing the disc will improve The Patient's condition in any significant way and annuloplasty has not been proven to be effective.

Screening Criteria

1. Specific:

Orthopedic Knowledge Update, Spine 2, Fardon editor, Chapter 47, page 469-470
Physical Medicine and Rehabilitation
2nd edition, Chapter 40, page 870
Randall L. Braddom, 2000,Saunders

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: Dallas Fire Ins. Co.
Attn: R. Michael Perez
Fax: 972-692-5115

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 6th day of January, 2006.

Name and Signature of P-IRO Representative:

Sincerely,
P-IRO Inc.

Ashton Prejean
President & Chief Resolutions Officer