

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.

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on December 27, 2005.

Sincerely,

Gilbert Prud'homme
General Counsel

GP/dd

REVIEWER'S REPORT
M2-06-0400-01

Information Provided for Review:

DWC-60, Table of Disputed Services, EOB's

From Respondent:

Correspondence

Treating MD:

Office Notes 07/27/04 – 11/08/05

OR Report 11/19/04

Radiology 02/23/05 – 05/03/05

Clinical History:

The patient allegedly injured his lumbar spine with no preceding prior history of low back pain during a work-related accident. He was treated adequately with conservative management including physical therapy, epidural steroid injections, and activity restrictions. Because of persistent pain, he was worked up with an MRI scan and discography that showed degenerative disc at L4/L5 and L5/S1. Discography confirmed that L3/L4 was not symptomatic and L4/L5 and L5/S1 were concordant. Multiple surgeries including 2-level disc replacement and 2-level arthrodesis have been denied by the insurance carrier as medically unnecessary.

Disputed Services:

Inpatient four day LOS for anterior-posterior L4-5, L5-S1 Fusion and instrumentation.

Decision:

The reviewer disagrees with the determination of the insurance carrier and is of the opinion the services in dispute as stated above are medically necessary in this case.

Rationale:

I reviewed both 3 different independent peer reviews by different physicians regarding this case, 2 of which used the ACOEM Guidelines and one who used their own guidelines to deny arthrodesis for disc replacement in this patient. This patient did not have a prior history of back pain and now has symptomatic degenerative discs at L4/L5 and L5/S1. The patient has had a thorough and adequate workup as well as thorough and adequate nonoperative management.

Based on the medical records provided to me, it does appear that he is a reasonable candidate for surgery and that the proposed procedure should not be denied for this patient's work-related injury.