



Specialty Independent Review Organization, Inc.

January 4, 2005

DWC Medical Dispute Resolution
7551 Metro Center Suite 100
Austin, TX 78744

Patient: ____
DWC #: ____
MDR Tracking #: M2-06-0467-01
IRO #: 5284

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

Specialty 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.

This case was reviewed by a licensed Doctor of Osteopathy with a specialty in Orthopedics. The reviewer is on the DWC ADL. The Specialty IRO health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to Specialty IRO for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

This 34-year-old male injured his low back on _____. The patient stepped off a rail car and the ramp suddenly swung to the left and he jarred his back. The low back pain began radiating down the right leg associated with numbness and tingling.

The patient has increased pain with any activity, bending backwards, sitting, standing, and walking more than 3 blocks. Any coughing and sneezing will increase his leg symptoms. Physical examination reveals decreased sensation to pinprick over the antero-lateral thigh, straight leg raise positive on the right with radicular pain, and a contralateral straight leg raise on the left with pain in the right leg. Kemp test is positive bilaterally for low back pain, Yeoman is positive bilaterally, and the patient has muscle spasm in the lumbar region.

The MRI of 9/27/2005 reveals an HNP on the right at L5-S1 and degenerated disc at L4-5. The discogram/CT of 7/22/2004 revealed concordant pain at L4-5 and 5-S1. EMG on 8/12/2005 is positive for a right L5 and S1 radiculopathy. Patient's treatment has involved several courses of physical therapy, 3 ESIs, and medications.

Currently the patient complains of chronic unremitting low back and right leg pain. He also complains of tingling and numbness in his right leg. The pain varies from a 4/10 to an 8/10. Patient has difficulty with ADLs.

RECORDS REVIEWED

IntraCorp Letters: 11/4 and 11/28/2005.

S Gertzbein MD, Letter: 10/24/2005

Notes: 8/29 through 10/10/2005.

N Houston Imaging, MRI: 9/27/2005.

Discogram: 7/22/2004.

Doctors' Imaging, MRI: 6/4/2004.

M Proler MD, EMG: 8/12/2005.

J Costello DC, Report: 7/8/2005.

J Wood MD, Reports: 5/27/2004 to 5/2/2005.

Records from Carrier:

H Anchondo MD, Report: 9/30/2004.

J Lai MD, Reports: 6/16, 6/30, 7/14/2004.

S Callahan PhD, Reports: 12/8, 12/22/2004, 12/15/2005.

Texas WC Status Reports: 5/27/2004 through 11/11/2004.

R Baggett DC, Report: 7/21/2005.

Rehab Services, Report: 5/21/2004

FCE: 12/09/2004.

REQUESTED SERVICE

The requested service is a lumbar laminotomy, discectomy at L5/S1, right posterior fusion of L4-S1 using ICBG instrumentation, SSEP, C-arm, Andrew's table and a four day inpatient stay.

DECISION

The reviewer disagrees with the previous adverse determination.

BASIS FOR THE DECISION

This patient injured his low back on ___ resulting in an HNP on the right at L5-S1. The diagnostic tests revealed degenerated disc at L4-5. The patient has failed all of the conservative care and continues to have the radiculopathy of the right leg. The standard of care is a

laminectomy, discectomy at L5-S1 and a fusion of L4-S1. The SSEP is important while doing surgery to determine if the nerve is being compromised.

The C-Arm is used to determine the position of the internal fixation devices and must be used.

The Andrew's table is an appropriate positioning device for lumbar fusions where the C-Arm can be used and the patient's position is satisfactory, reducing intra-abdominal pressure.

The 4-day hospital stay for observation is to determine if any neurological complications are developing and the return of the patient's GI function is normal.

REFERENCES

Rothman and Simeon: The Spine, 4th Edition.

Bradford and Zdeblick: Master's Technique in Orthopedic Surgery, The Spine, 2nd Edition.

An: PRINCIPLES AND TECHNIQUES OF SPINE SURGERY.

Specialty IRO has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Specialty IRO has made no determinations regarding benefits available under the injured employee's policy. Specialty IRO believes it has made a reasonable attempt to obtain all medical records for this review and afforded the requestor, respondent and treating doctor an opportunity to provide additional information in a convenient and timely manner.

As an officer of Specialty IRO, Inc, dba Specialty IRO, I certify that the reviewing provider has no known conflicts of interest between that provider 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 carrier health care providers who reviewed the case for decision before referral to the IRO.

Sincerely,

Wendy Perelli, CEO

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.

Sincerely,

Wendy Perelli, CEO

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 claimant's representative) and the Division via facsimile, U.S. Postal Service or both on this 4th day of January 2006

Signature of Specialty IRO Representative:

Name of Specialty IRO Representative: Wendy Perelli