



Specialty Independent Review Organization, Inc.

January 20, 2006

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

Patient: ____
DWC #:
MDR Tracking #: M2-06-0505-01
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 35-year-old male injured his low back on _____. The injury occurred while he was changing meters at work.

Physical Examination revealed pain and tenderness over the lumbosacral joint, extension is 0-10 degrees with increased pain, left side bending increased radicular pain, and diminished sensation over the left S1 dermatome.

The MRI of 10/12/2005 together with the flexion and extension views of the lumbar spine, reveal an extruded disc herniation at L5-S1 to the left, disc desiccation of the L5-S1, posterior arch defect, and a Grade I spondylolisthesis.

Patient has been treated conservatively with therapy and ESI with temporary improvement. The patient continues to have low back pain with radicular pain down the left leg.

RECORDS REVIEWED

Corvel, Letters: 10/28 and 11/08/2005.

Records from Carrier:

P Blackshear, Atty, Letter: 1/10/2006.

Corvel, Letters: 12/20 and 12/27/2005.

Records from Doctors/Facility:

L Kjeldgaard DO, Reports: 10/18, 10/28 and 12/14/2005.

W Chang MD, MRI: 10/12/2005.

REQUESTED SERVICE

The item in dispute is the prospective medical necessity of a transforaminal lumbar discectomy with interbody fusion at L5-S1.

DECISION

The reviewer disagrees with the previous adverse determination.

BASIS FOR THE DECISION

This 35-year-old male suffers from an extruded herniated disc at L5-S1 to the left. The patient continues to have radiculopathy without relief from conservative care. The patient also has a pars defect resulting in a Grade I spondylolisthesis. To remove just the disc would result in further degeneration of the disc causing increased instability. This patient already has instability to the lumbar spine because of the Grade I spondylolisthesis. It is appropriate to stabilize the spine at the same time as removing the herniated disc, thus preventing 2 surgeries.

REFERENCES

Gunzberg and Szpalski: Spondylolysis, Spondylolisthesis, and Degenerative Spondylolisthesis.

Herkowitz, Dvorak, Bell, et al: The Lumbar Spine, 3rd Edition.

Vaccaro, et al: Principles and Practice 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 20th day of January 2006

Signature of Specialty IRO Representative:

Name of Specialty IRO Representative: Wendy Perelli