

February 1, 2006

TX DEPT OF INS DIV OF WC
AUSTIN, TX 78744-1609

CLAIMANT: ___

EMPLOYEE: ___

POLICY: M2-06-0529-01

CLIENT TRACKING NUMBER: M2-06-0529-01

Records Received:

FROM THE STATE:

Notification of IRO assignment 1/02/06 - 1 page

Texas Department of Insurance Division of Workers' Compensation form 1/2/06 - 1 page

Medical dispute resolution request/response form - 2 pages

Table of disputed services - 1 page

Provider form - 2 pages

Provider form from Utilization Management 12/27/05 - 2 pages

Letter from Kelly Henry/Liberty Mutual Group to Dr. Henderson 11/14/05 - 2 pages

Letter from Kelly Henry/Liberty Mutual Group to Dr. Henderson 11/30/05 - 2 pages

Letter from Carolyn Guard, RNC/Utilization Management to Division Workers Compensation 12/27/05
- 1 page

Peer review analysis case report 11/11/05 - 4 pages

Peer review analysis case report 11/30/05 - 4 pages

FROM THE REQUESTOR/DR. HENDERSON, MD:

Request for preauthorization for surgery 11/3/05 - 1 page

Initial chart note 7/30/05 - 3 pages

Chart note 8/15/05 - 1 page

Chart note 10/17/05 - 1 page

Report status: draft from Pine Creek Medical Center 10/4/05 - 2 pages

Report status: signed from Pine Creek Medical Center 10/4/05 - 2 pages

Hardware block report 8/1/05 1 page

Operative report 10/7/03 - 3 pages

CT lumbar spine report 7/24/03 - 2 pages

Myelogram Lumbar report 7/24/03 - 2 pages

Lumbar discogram report 3/27/03 - 3 pages

(continued)

Examination and Electrodiagnostic studies report 1/27/03 - 4 pages

MRI scan lumbar spine report 8/9/02 - 2 pages

FROM THE RESPONDENT/LIBERTY MUTUAL:

Letter from Carolyn Guard, RNC/Utilization Management to MRIOA 1/3/06 - 1 page

Note from Kelly Henry/Liberty Mutual (undated) - 1 page

Cover sheet from Liberty Mutual to Robert Henderson, MD (undated) - 1 page

Partial copy of letter from DWC to Liberty Mutual (undated) - 1 page

Note from Kelly Henry/Liberty Mutual (undated) - 1 page

Summary of Treatment/Case History:

The patient is a 33 year old male with a history of low back and leg pain following an injury that occurred on ___ when he slipped and fell. On 10/07/03 Dr. Michael performed L4 and L5 laminectomies and bilateral nerve root decompression, foraminotomies and placement of pedicle screws with bone graft and fusion. The patient had relief of the leg pain following surgery but had ongoing low back pain.

He came under the care of Dr. Henderson on 07/20/05. X-rays at that time showed pedicle screws at L5 and S1 bilaterally with a cross brace. The S1-2 segment was fully sacralized. There was no definitive lateral mass fusion at L5-S1 and no interbody fusion. There did appear to be fusion of the facets. The L4-5 level was hypermobile on flexion/extension, which had normal signal on the MRI of 11/04. On 08/01/05, Dr. Henderson performed a hardware block with results of decreased pain from 7/10 to 4/10.

A 10/04/05 discogram showed that at L3-4 there was no disc abnormality with 1/10 pain at the injection site. L4-5 had a firm endpoint with the injection with 6/10 typical pain. The post CT noted that L3-4 was a normal appearing disc with a minimal disc bulge, mild facet hypertrophy and short pedicles producing mild central and mild bilateral foraminal stenosis. There was L4-5 extravasation of contrast with a disc bulge and mild to moderate left facet arthrosis and short pedicles producing moderate central canal stenosis and mild to moderate right and mild left foraminal stenosis. L5-S1 post surgical changes were noted to obscure the thecal sac and central canal. There was a disc bulge and bilateral facet arthrodesis, as well as posterior osteophytes that produced moderate right with mild to moderate left foraminal stenosis. The exiting right L5 nerve root was contacted within the foramen. There was partial lumbarization of S1.

Dr. Henderson saw the patient in follow up on 10/17/05. Surgery was discussed and requested. The surgery has been denied on two occasions by peer reviewers and the decision has been appealed.

Questions for Review:

1. Pre authorization request: Arthrodesis, Anterior inter body technique.

Explanation of Findings:

The proposed anterior arthrodesis of the lumbar spine is not recommended as being medically necessary for this patient. He had a previous fusion at L4 - L5 and he has sacralization of the L5 lumbar vertebral body. He has discography evidence of significant discogenic degenerative pain and his diagnosis is exclusively degenerative disc disease of the lumbar spine.

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He has all back pain and no leg pain, according to Dr. Henderson. The results for fusion for multi-level degenerative disc disease are quite poor and there is no evidence that this claimant will improve with the proposed arthrodesis anteriorly for his lumbar spine.

In the absence of spinal instability, fusion is not indicated and fusion is not indicated for discogenic back pain. Consequently, this reviewer cannot recommend the proposed fusion for this patient.

Conclusion/Decision to Not Certify:

1. Pre authorization request: Arthrodesis, Anterior inter body technique.

The preauthorization request for arthrodesis, anterior interbody technique is not recommended as being medically necessary. See above for rationale.

Applicable Clinical of Scientific Criteria or Guidelines Applied in Arriving at Decision:

Orthopaedic Knowledge Update Spine 2, pages 336-340

The physician providing this review is board certified in Orthopaedic Surgery. The reviewer is a member of the American Academy of Orthopaedic Surgeons, the American Medical Association, the North American Spine Society, the Pennsylvania Medical Society, the Pennsylvania Orthopaedic Society, and the American Association for Hand Surgery and is certified in impairment rating evaluations through the Bureau of Workers Compensation. The reviewer has publication experience within their field of specialty and has been in private practice since 1995.

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.

Chief Clerk of Proceedings / Appeals Clerk
P. O. Box 17787
Austin, TX 78744

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute. MRIOA is forwarding this decision by mail, and in the case of time sensitive matters by facsimile, a copy of this finding to the DWC.

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It is the policy of Medical Review Institute of America to keep the names of its reviewing physicians confidential. Accordingly, the identity of the reviewing physician will only be released as required by state or federal regulations. If release of the review to a third party, including an insured and/or provider, is necessary, all applicable state and federal regulations must be followed.

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The written opinions provided by MRIOA represent the opinions of the physician reviewers and clinical advisors who reviewed the case. These case review opinions are provided in good faith, based on the medical records and information submitted to MRIOA for review, the published scientific medical literature, and other relevant information such as that available through federal agencies, institutes and professional associations. Medical Review Institute of America assumes no liability for the opinions of its contracted physicians and/or clinician advisors. The health plan, organization or other party authorizing this case review agrees to hold MRIOA harmless for any and all claims, which may arise as a result of this case review. The health plan, organization or other third party requesting or authorizing this review is responsible for policy interpretation and for the final determination made regarding coverage and/or eligibility for this case.

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Case Analyst: Cherstin B ext 597

Cc: Respondent
Requestor