



Specialty Independent Review Organization, Inc.

February 10, 2006

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

Patient: ____
DWC #: ____
MDR Tracking #: M2-06-0641-01
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 patient injured her low back on _____. The patient did not respond to conservative care and an MRI revealed an HNP with annular tear at L5-S1. Patient had an extensive course of physical therapy with continued pain in the low back. In the information supplied there is no evidence of instability or radicular symptoms.

RECORDS REVIEWED

Records from Doctor/Facility:

J Reyes MD, Notes: 11/3, 11/9, 11/11, 11/14/2005.

Positive Pain Management (PPM), Notes: 11/2/2005 daily through 12/7/2005.

Impairment rating (IR) by Dr. Francis: 10/11/05

IR by William Healey MD: 8/16/05 and 10/25/04

Ziroc report of 5/26/05
R. Francis, MD Notes: 1/25/05 through 12/6/05
IMED review of 11/9/05
PPM note of 9/19/05
Lumbar MRI of 8/15/03 and Cervical MRI of 8/6/03

Records from Carrier:

G Solcher, Lawyer, Letters: 1/24, 2/03/2006.
TX WC, Hearing: 11/7/2005.
Genex, Letters: 12/15 and 12/22/2005.

REQUESTED SERVICE

The requested service is for a posterior spinal fusion at L4 transitional vertebra ICBG pedicle screws/rods, anterior spinal fusion at L4 transitional vertebral segment, LSO brace, bone growth stimulator and a rental of a cryo-unit.

DECISION

The reviewer agrees with the previous adverse determination.

BASIS FOR THE DECISION

This patient sustained an injury on ___ and the MRI revealed an HNP at L5-S1. The request is for a 360 fusion at the L4 transitional vertebra. In the information supplied there is no documentation of a progressive neurological dysfunction, no evidence of structural instability, and no identification of a specific pain generator.

The surgery is denied; therefore, the LSO brace is not medically necessary. A cryo-unit is not medically necessary.

A bone growth stimulator for spinal surgery is indicated when there is a failed spinal fusion with a fracture gap less than or equal to 1 cm when the surgery was performed a minimum of 9 months previously and/or a multi-level spinal fusion with a residual fracture gap of less than or equal to 1 cm. This is not necessary in this case.

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 10th day of February 2006

Signature of Specialty IRO Representative:

Name of Specialty IRO Representative: Wendy Perelli