



Specialty Independent Review Organization, Inc.

March 3, 2006

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

Patient: ____
DWC #: ____

MDR Tracking #: M2-06-0742-01
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 50 year old male injured his low back on ____ while helping a patient get back into bed. The patient's legs gave out causing her to fall on him with his back on the edge of the bed. Following this episode, the patient had immediate low back pain.

The ensuing treatment consisted of lumbar spine X-rays with flexion and extension, lumbar myelogram/CT, and conservative care. Treatment failed and on 03/06/2003 the patient underwent an L4-5, 5-S1 decompression and a fusion.

The patient now has reoccurrence of low back pain and bilateral leg pain. The patient's condition has deteriorated with increasing pain in the low back and both extremities, neurogenic claudication, and he can only ambulate 20 yards before leg numbness and weakness. Physical examination reveals muscle weakness of 4/5, straight leg raise positive at 45 degrees bilaterally, and absent reflexes. The X-rays and lumbar myelogram/CT on 11/23/2005 reveal a solid fusion L4-S1, high grade stenosis at L3-4.

RECORDS REVIEWED

Forte, Letters: 1/6 and 1/12/2006.

J Rosenstein MD, Report: 1/6/1006.

Records from Carrier:

W Grove, Atty, Letter: 2/20/2006.

Diagnostic NeuroImaging, Myelogram/CT: 1/23/2003, Lumbar X-rays: 6/6/2004, X-Rays & Myelogram/CT: 3/22/2005

High Point Rehab, Reports: 2/2/2004 – 4/20/2005.

J Kern MD, Reports: 6/1/2004 and 12/01/2005.

W Blair MD, Report: 6/29/2004.

J Mendez MD, Report: 11/7/2004.

J Hood MD, Report: 4/18/2005.

Records from Doctor/Facility:

J Rosenstein MD, Reports: 1/25/05 through 1/13/2006.

REQUESTED SERVICE

The requested report is a lumbar fusion at the L3/L4 level.

DECISION

The reviewer disagrees with the previous adverse determination.

BASIS FOR THE DECISION

The reviewer indicates that this 50 year old male has a solid fusion from L4-S1. The patient has now developed severe stenosis at the level above the fusion at L3-4. This patient needs an extensive decompression both anterior and posterior, along with a lumbar fusion incorporating the L3-4 level states the reviewer. The patient has failed conservative care and with the neurogenic claudication after ambulating only 20 yards before developing leg numbness. The reviewer indicates that there is only one treatment to relieve these severe symptoms. This treatment is the proposed surgery.

REFERENCES

Rothman & Simeon: THE SPINE, 4th Edition.

Bono, Garfin, et al: THE SPINE.

Bradford & Zdeblick: MASTER'S TECHNIQUES IN ORTHOPEDIC SURGERY, THE SPINE, 2nd Edition.

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 2nd day of March 2006

Signature of Specialty IRO Representative:

Name of Specialty IRO Representative: Wendy Perelli