

NOTICE OF INDEPENDENT REVIEW DECISION

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March 6, 2006

Requestor

Robert J. Henderson, MD
ATTN: Amada S.
1261 Record Crossing
Dallas, TX 75235

Respondent

Transcontinental Insurance Co.
ATTN: Jane Stone
P.O. Box 30111
Austin, TX 78755

RE: Claim #:
Injured Worker:
MDR Tracking #: M2-06-0750-01
IRO Certificate #: IRO4326

TMF Health Quality Institute (TMF) has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Division of Workers' Compensation (DWC) has assigned the above referenced case to TMF for independent review in accordance with DWC Rule §133.308 which allows for medical dispute resolution by an IRO.

TMF has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a TMF physician reviewer who is board certified in Orthopedic Surgery, by the American Board of Orthopaedic Surgery, Inc., licensed by the Texas State Board of Medical Examiners (TSBME) in 1969, and who provides health care to injured workers. This is the same specialty as the treating physician. The TMF physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and the provider, 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. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This patient sustained a work-related injury on ___ when he got caught got in some machinery while working at a cotton gin. The patient complained of low back pain radiating to his leg and ankle. The patient has been treated with chiropractic care as well as spinal surgery for a left L5/S1 laminectomy and rood decompression and excision of a large left L5/S1 disk extrusion with decompression of L5 and S1 roots.

Requested Service(s)

Anterior interbody fusion L5/S1, retroperitoneal exposure and diskectomy L5/S1, anterior interbody fixation L5/S1, posterior decompression L5/S1, transverse process fusion L5/S1, posterior internal fixation L5/S1, bone graft - allograft, bone graft -autograft in situ, bone graft - autograft iliac crest and bone marrow aspirate.

Decision

It is determined that the Anterior interbody fusion L5/S1, retroperitoneal exposure and discectomy L5/S1, anterior interbody fixation L5/S1, posterior decompression L5/S1, transverse process fusion L5/S1, posterior internal fixation L5/S1, bone graft - allograft, bone graft -autograft in situ, bone graft - autograft iliac crest and bone marrow aspirate is not medically indicated to treat this patient's condition

Rationale/Basis for Decision

The primary indications for the type of surgery requested are spinal fracture and instability of the noted segments demonstrated on flexion and extension lumbo-sacral spine x-rays. Pain alone is not a primary indication for such a surgical procedure. There are no physical findings suggestive of compressive neuropathy. There are no physical findings or imaging studies to suggest instability. Therefore, the surgical procedure is not medically necessary.

This decision by the IRO is deemed to be a DWC decision and order.

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.

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.5(d)). A request for hearing and a **copy of this decision** must be sent to: Chief Clerk of Proceedings/Appeals Clerk, Texas Department of Insurance, Division of Workers' Compensation, P.O. Box 17787, Austin, Texas, 78744, Fax: 512-804-4011.

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The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in this dispute.

Sincerely,



Gordon B. Strom, Jr., MD
Director of Medical Assessment

GBS:dm
Attachment

cc: _____, Injured Worker
Program Administrator, Medical Review Division, DWC

In accordance with Division Rule 102.4 (h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 6th day of March 2006.

Signature of IRO Employee:

Printed Name of IRO Employee:

Information Submitted to TMF for Review

Patient Name: ____

Tracking #: M2-06-0750-01

Information Submitted by Requestor:

None

Information Submitted by Respondent:

- Response to IRO records request from attorneys
- Emergency department records
- Radiology reports
- Notes from chiropractor
- Workers' Compensation History
- PT Initial exam
- Patient treatment records
- Letter of patient release from Dr. Riley
- Chiropractic Peer Review
- MRI report of lumbar spine
- History and Physical
- Operative Report
- Discharge Summary
- Neurosurgical follow-up
- Neurosurgical office notes
- Initial chart note from Dr. Henderson
- Chart notes
- Decision letter