

MEDICAL REVIEW OF TEXAS

[IRO #5259]

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NOTICE OF INDEPENDENT REVIEW DETERMINATION

TDI-WC Case Number:	
MDR Tracking Number:	M2-06-0759-01
Name of Patient:	_____
Name of URA/Payer:	Liberty Mutual
Name of Provider: (ER, Hospital, or Other Facility)	
Name of Physician: (Treating or Requesting)	Stephen Hochschuler, MD

February 27, 2006

An independent review of the above-referenced case has been completed by a medical physician board certified in neurosurgery. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by Texas Medical Foundation, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

Medical Review of Texas (MRT) hereby certifies that the reviewing physician is on the Division of Workers' Compensation Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to MRT.

Sincerely,

Michael S. Lifshen, MD
Medical Director

cc: Stephen Hochschuler, MD
Ralph Rashbaum, MD
Division of Workers' Compensation

CLINICAL HISTORY

RECORDS REVIEWED:

1. The notification of IRO assignment which includes the original and subsequent denials and rationale.
2. Liberty Mutual position statements.
3. Office clinic notes from Dr. Stephen Hochschuler from the Texas Back Institute dating through 1/10/06.
4. Texas Back Institute office notes from Dr. Rashbaum dating through 11/7/05.
5. Myelogram dated 6/16/05.
6. The operative report of Dr. Hochschuler dated 4/18/05.

This is a 71-year-old gentleman who was injured on _____. There are no details regarding that original injury. In fact, there is no information up until just before 2005. Apparently the gentleman underwent a fusion from L3 to S1 utilizing pedicle screws as well as what appears to be, interbody spacers, and posterior lateral fusion and he had what a myelogram subsequently labeled as a solid transverse process fusion from L3 to the sacrum. Unfortunately in 2005 he reported increasing back pain as well as what is being described as neurologic claudication. He had an epidural spinal injection with steroids with no substantial or long lasting improvement and he ultimately underwent a decompression at L2 on 4/18/05. He did well for one week and then had what is labeled as a return of his neurologic claudication. In time, however, the radiating leg component improved but the low back pain continued. A postoperative CT myelogram was obtained on 6/16/05. This found mild narrowing in the central canal at L2 as well as mild narrowing in the central canal at L1 and the description of a fusion from that point on. Also, of note, this same myelogram finds that at L2/L3 he has a fused left sided facet joint. Because of the patient's continued symptoms a single L2 facet joint injection was performed by Dr. Rashbaum and he is described as having two to three days of pain relief. Based upon this, Dr. Rashbaum as well as Dr. Hochschuler, the

patient's spine surgeon, recommended that he have a rhizotomy at L2. This has been denied twice secondary to screening criteria.

REQUESTED SERVICE(S)

The requested service is an L2 rhizotomy.

DECISION

Denied.

RATIONALE/BASIS FOR DECISION

Dr. Hochschuler rightfully quotes the *Occupational Medicine Practice Guidelines* second edition 2004, stating that facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial facet joint blocks. What is not also mentioned is that lumbar facet neurotomies reportedly produced mixed results. But using only the most favorable portion of this statement, that facet rhizotomies should only be performed after investigational blocks in a controlled fashion and further that these blocks are to be successful. A two day improvement or even a three day improvement following a single injection is by no means a success. I wholeheartedly disagree with Dr. Hochschuler's statement that even if the patient had thirty seconds of improvement we would know where the pain generator is. That statement does not merit further justification. This gentleman has been described as having neurologic claudications as well as having failed back syndrome. There is not sufficient documentation that this gentleman has been fully diagnosed at this point and certainly would not proceed on with a rhizotomy as this gentleman has not yet had a successfully controlled diagnostic block. Finally, no comment has been made from any of the physicians involved that this gentleman's left L2/L3 joint is already fused.

Certification of Independence of Reviewer

As the reviewer of this independent review case, I do hereby certify that I have no known conflicts of interest between the 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.

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
Division of Workers' Compensation
P.O. Box 17787
Austin, Texas 78744

Or fax the request to (512) 804-4011. A copy of this decision must be attached to the request.

The party appealing the decision shall deliver a copy of its written request for a hearing to the opposing party involved in the dispute.

In accordance with 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 28th day of February, 2006.

Signature of IRO Employee: _____

Printed Name of IRO Employee: Cindy Mitchell