

MEDICAL REVIEW OF TEXAS

[IRO #5259]

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NOTICE OF INDEPENDENT REVIEW DETERMINATION

TDI-WC Case Number:	
MDR Tracking Number:	M2-06-0836-01
Name of Patient:	
Name of URA/Payer:	Liberty Mutual Fire Insurance
Name of Provider: (ER, Hospital, or Other Facility)	
Name of Physician: (Treating or Requesting)	Kenneth M. Alo, MD

March 29, 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: Kenneth M. Alo, MD
Thomas J. Cartwright, MD
Division of Workers' Compensation

CLINICAL HISTORY

Records reviewed:

1. Texas Department of Insurance packet describing the lack of medical necessity and the two previous reviews.
2. Consultations by Dr. Alo, pain management.
3. Consultations by KSF orthopedic surgery including Dr. Michael Dean and Dr. Thomas Cartwright.
4. KSF Orthopaedic Center medical records and correspondence; River Oaks Imaging and Diagnostic records; Houston Northwest Medical Center records; TOPS Surgical Specialty Hospital records.

This is a 49-year-old gentleman who had a work related injury in ____; however there are no records of his care prior to 2002. Apparently he came in contact with a high voltage electrical source and was thrown six to eight feet and subsequent to this has had total body arthralgias. He has had cervical decompression as well as fusion as well as the placement of an intra thecal pump which was subsequently removed, and he has had four revisions of the spinal cord stimulators. He has recently returned to Dr. Kenneth Alo, who is apparently his pain management physician, with complaints that his spinal cord stimulator is no longer working and that he is having increasing pain and paraesthesias in his legs. As a result of this he has had to increase his narcotics usage. It has been recommended that he has a thoracic spinal cord stimulator placed, essentially a paddle, with a thoracic laminectomy. This has been denied times two.

REQUESTED SERVICE(S)

Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural.

DECISION

Approved.

RATIONALE/BASIS FOR DECISION

Without regard to the original appropriateness of his treatment or the placement of the spinal cord stimulator, the fact remains that this gentleman has one now. He is experiencing more paraesthesias and more pain and as a result of this he is taking more oral narcotics. This is a situation which is unlikely to remain stable long term. The wire type spinal cord stimulators that have been placed are, as we have seen in this gentleman, quite unstable and quite prone to failure.

Therefore, concur with the sentiments of the surgeon involved that a laminectomy be performed on him and a paddle type spinal cord stimulator be placed. Hopefully this will give him more time with fewer revisions.

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 30th day of March, 2006.

Signature of IRO Employee: _____

Printed Name of IRO Employee: Cindy Mitchell