

April 20, 2006

TX DEPT OF INS DIV OF WC
AUSTIN, TX 78744-1609

CLAIMANT: ___

EMPLOYEE: ___

POLICY: M2-06-1014-01

CLIENT TRACKING NUMBER: M2-06-1014-01-5278

Medical Review Institute of America (MRIOA) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO). The Texas Department of Insurance Division of Workers Compensation has assigned the above mentioned case to MRIOA for independent review in accordance with DWC Rule 133 which provides for medical dispute resolution by an IRO.

MRIOA 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. Itemization of this information will follow.

The independent review was performed by a peer of the treating provider for this patient. The reviewer in this case is on the DWC approved doctor list (ADL). The reviewing provider has no known conflicts of interest existing 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.

Records Received:

Records from state:

Texas Department of Insurance Division of Workers' Compensation Notification of IRO Assignment
03/27/06 including attachments

Records from provider:

Medical records Dr. Parra 12/19/05 to 01/17/06

EMG/NCV report 01/09/06

MRI cervical spine 02/02/06

Medical records Dr. Martinez 02/23/06

(continued)

Records from insurance company:

Letter to MRloA from the Law Office of Dane Patrick 04/03/06

Medical records Dr. Parra 12/19/05 to 01/09/06

Medical records Dr. Lewis 09/29/05 to 01/10/06

Medical records Uvalde Memorial Hospital 09/29/05 to 12/27/05

Medical records Dr. Martinez 02/23/06

Letter to MRloA from Texas Mutual 04/12/06

Letters to patient from Texas Mutual, peer reviews 01/13/06 and 01/30/06

Summary of Treatment/Case History:

This 28 year old male injured his low back and left knee on ____ when he fell from an 18 wheeler. The patient was seen on 09/29/05 by Primary Care Physician, Dr. Lewis. The patient had follow up visits in October 2005 for low back and left knee pain. He treated with orthopedist, Dr. Bustamante. Initial treatment was primarily directed toward the knee. The patient had an MRI of the knee showing a lateral meniscus tear and he underwent knee arthroscopy on 11/17/05. An MRI of the lumbar spine on 11/03/05 demonstrated severe midline disc protrusion and deformity of the thecal sac at L4-5. There was minimal circumferential bulging of the disc at L5-S1.

On 12/19/05 the patient was evaluated by Dr. Parra for severe low back pain. On exam there was tenderness at L4-5. Straight leg raise was positive on the left at 40 degrees. Tip toe and heel gaits were performed without difficulty. Dr. Parra noted that the MRI demonstrated a very large disc herniation at L4-5 deforming the thecal sac and recommended posterior lumbar interbody fusion at L4-5. Prior to surgery he recommended flexion/extension x-rays and EMG/NCS. The EMG/NCS of 01/09/06 demonstrated moderate L5 radiculopathy on the left.

On 01/09/06 Dr. Parra noted that the patient was also having cervical and arm pain and a cervical MRI dated 02/02/06 was a normal study. He noted that the patient was still symptomatic from the lower back and again recommended lumbar fusion. On 01/13/06 the fusion was denied on peer review as it was felt that the patient would at most need a decompression operation.

A letter of appeal dated 01/17/06 from Dr. Parra noted that performing only a laminectomy and discectomy would produce more collapse of the disc space and the patient would never get better due to chronic low back pain. He felt that fusion would give him the best chance of recovery. He did not feel the patient was a candidate for physical therapy or epidural steroid injections because of the severity of the disc herniation. The procedure was again denied on peer review dated 01/30/06.

The patient was evaluated on 02/23/06 by pain management Dr. Martinez for severe back, buttock and left lower extremity pain. On exam there was limited range of motion, straight leg raise on the left at 35 degrees produced pain that radiated down the posterior thigh and leg. Straight leg raise on the right produced some lumbar pain but no radiating pain. Sensation was slightly decreased to pinprick over the left medial and lateral leg. Motor strength was 4/5 on the left. Reflexes were 1 plus bilaterally. There were some trigger point areas of the lumbar paraspinal muscles and gluteal muscles. The impression was intractable lumbar spine pain, lumbar disc displacement, lumbosacral radiculopathy and myofascial pain syndrome. The patient was placed on Norco, Zanaflex and Ambien.

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Questions for Review:

1. Review for medical necessity of preauthorization request for posterior lumbar interbody fusion with instrumentation at L4-5 (#22612, #22630, #22842, #22851, #63047).

Explanation of Findings:

1. Review for medical necessity of preauthorization request for posterior lumbar interbody fusion with instrumentation at L4-5 (#22612, #22630, #22842, #22851, #63047).

The proposed lumbar interbody fusion at L4-5 is not recommended as being medically necessary. There is no documentation of spinal instability in the records for this patient which is the indication for spine fusion. There is also no documentation to support that this patient would benefit or require a spine fusion and this reviewer would agree with the previous reviewer that, at most, this patient requires a decompression procedure.

Conclusion/Decision to Not Certify:

Preauthorization request for posterior lumbar interbody fusion with instrumentation at L4-5 (#22612, #22630, #22842, #22851, #63047) is not recommended as being medically necessary.

References Used in Support of Decision:

Orthopedic Knowledge Update, Spine, pages 327 -328

The physician providing this review is board certified in Orthopaedic Surgery. The reviewer is a member of the American Academy of Orthopaedic Surgeons, the American Medical Association, the Pennsylvania Medical Society, and the Pennsylvania Orthopaedic Society. The reviewer is certified in impairment rating evaluations through the Bureau of Workers Compensation. The reviewer has research and publication experience within their field of specialty. This reviewer has been in active practice since 1996.

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 / Appeals Clerk

P. O. Box 17787

Austin, TX 78744

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A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute. MRloA is forwarding this decision by mail, and in the case of time sensitive matters by facsimile, a copy of this finding to the DWC.

It is the policy of Medical Review Institute of America to keep the names of its reviewing physicians confidential. Accordingly, the identity of the reviewing physician will only be released as required by state or federal regulations. If release of the review to a third party, including an insured and/or provider, is necessary, all applicable state and federal regulations must be followed.

Medical Review Institute of America retains qualified independent physician reviewers and clinical advisors who perform peer case reviews as requested by MRloA clients. These physician reviewers and clinical advisors are independent contractors who are credentialed in accordance with their particular specialties, the standards of the American Accreditation Health Care Commission (URAC), and/or other state and federal regulatory requirements.

The written opinions provided by MRloA represent the opinions of the physician reviewers and clinical advisors who reviewed the case. These case review opinions are provided in good faith, based on the medical records and information submitted to MRloA for review, the published scientific medical literature, and other relevant information such as that available through federal agencies, institutes and professional associations. Medical Review Institute of America assumes no liability for the opinions of its contracted physicians and/or clinician advisors. The health plan, organization or other party authorizing this case review agrees to hold MRloA harmless for any and all claims which may arise as a result of this case review. The health plan, organization or other third party requesting or authorizing this review is responsible for policy interpretation and for the final determination made regarding coverage and/or eligibility for this case.

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cc: requestor; respondent