

NOTICE OF INDEPENDENT REVIEW DECISION

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May 15, 2006

Requestor

Respondent

Electric Insurance Co.  
ATTN: John Schkade  
Fax#: (512) 891-7772

RE: Claim #:  
Injured Worker: \_\_\_\_\_  
MDR Tracking #: M2-06-1211-01  
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 Medicine, by the American Board of Orthopaedic Surgery, 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 was bending over while picking up trash and felt a pull to the lower back. He complains of pain in the back, buttock, and both legs. The patient has been treated with physical therapy, epidural steroid injections, and surgery.

Requested Service(s)

Removal of spinal lamina, lumbar spine fusion, L4-5 decompression and fusion

Decision

It is determined that the removal of spinal lamina, lumbar spine fusion, L4-5 decompression and fusion is not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

This patient has been evaluated by a number of physicians and physical findings suggesting compressive radiculopathy have not been documented. An electromyography (EMG) with nerve conduction study (NC) has been performed and is negative. An MRI scan has been performed revealing only changes compatible with a diagnosis of degenerative disc disease. The indications for decompressive laminectomy require the presence of a circumstance indicating compression of a nerve root or nerve roots which can be relieved by decompression. Such findings are not present in this patient's physical findings, EMG/NC study or MRI scan. Therefore, the indications for lumbar laminectomy are not evident. The indications for fusion require the presence of circumstances suggesting instability of the lumbar spine or the expectation of instability after a surgical procedure. Since no surgical procedure appears appropriate and no findings are present to suggest instability, fusion does not appear to be reasonable in the treatment of this patient's low back pain. There are no findings suggestive of facet arthropathy that might indicate a fusion for the treatment of pain produced by motion at the facet joints.

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,

A handwritten signature in black ink, appearing to read "Gordon B. Strom, Jr.", written in a cursive style.

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

GBS:dm  
Attachment

cc: 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 15th day of May 2005.

Signature of IRO Employee:

Printed Name of IRO Employee:

**Information Submitted to TMF for Review**

**Patient Name:** \_\_\_\_

**Tracking #:** M2-06-1211-01

**Information Submitted by Requestor:**

None

**Information Submitted by Respondent:**

- Letter to TMF
- Decision Letter
- Office Visit Notes from Concentra Medical Centers
- Physician Activity Status Report
- Patient Notes from Border Therapy Services
- Clinic Notes from The El Paso Orthopaedic Surgery Group & Center for Sports Medicine
- Medical Record from Sierra Medical Center
- Operative notes from Paso Del Norte Surgery Center
- Progress notes from Orthopaedic Surgeons Associates