

IRO America Inc.

An Independent Review Organization

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June 20, 2006

TDI-DWC Medical Dispute Resolution

Fax: (512) 804-4868

Patient: _____

TDI-DWC #: _____

MDR Tracking #: _____

M2-06-1284-01

IRO #: _____

5251

IRO America Inc. (IRO America) has been certified by the Texas Department of Insurance as an Independent Review Organization. The TDI, Division of Workers' Compensation (DWC) has assigned this case to IRO America for independent review in accordance with DWC Rule 133.308 which allows for medical dispute resolution by an IRO.

IRO America 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.

The independent review was performed by a matched peer with the treating doctor; the Reviewer is a credentialed Panel Member of IRO America's Medical Knowledge Panel who is a licensed MD, board certified and specialized in Orthopedic Surgery. The reviewer is on the DWC Approved Doctor List (ADL).

The IRO America Panel Member/Reviewer is a health care professional who has signed a certification statement stating that no known conflicts of interest exist between the Reviewer 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 carriers health care providers who reviewed the case for decision before referral to IRO America for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

RECORDS REVIEWED

Notification of IRO Assignment, records from the Requestor, Respondent, and Treating Doctor(s), including:

- MRI, lumbar spine, 12/12/05
- Dr. Telfeian, 12/13/05, 01/05/06, 02/13/06, 02/24/06, 03/09/06
- Request for studies, 01/03/06
- NCS/EMG, 01/04/06
- Peer review, 01/04/06
- Evaluation, 01/30/06

- Physician Review, 02/23/06, 03/07/06
- Note, 01/10/06

CLINICAL HISTORY

This Patient ___ sustained an injury to his lower back _____. He treated non-surgically with conservative treatment including multiple epidural steroid injections. In December of 2005, This Patient experienced an increase in back pain and left lower extremity pain and numbness. There was no reported injury or trauma. An MRI on 12/02/05 demonstrated a central and right sided disc protrusion at L4-5 causing prominent indentation on the thecal sac and narrowing the canal. The protrusion extended more right paracentral than left. At L5-S1, there was a left sided disc protrusion causing posterior deviation of the left S1 nerve root.

Dr. Telfeian saw This Patient on 12/13/05. On examination, straight leg raise was positive bilaterally for low back pain and left lower extremity pain. Achilles reflex was slightly diminished bilaterally. Electrodiagnostic studies were ordered.

On 01/06/06, the EMG and nerve conduction study reported no evidence of entrapment neuropathy or radiculopathy in both lower extremities. This Patient's symptoms did not appear related to any fixed peripheral neurologic lesion. An office note on 01/10/06 noted the right lower radicular symptoms had resolved but This Patient continued with left leg pain and numbness. A course of physical therapy was prescribed.

Pain management saw This Patient on 01/30/06 and an epidural steroid injection at L5-S1 was recommended. On 02/13/06, a neurology note indicted This Patient continued with intractable lower left extremity radicular symptoms despite extensive conservative care and This Patient was using crutches for ambulation. The recommendation was for a two level microdiscectomy at L4-5 and L5-S1.

The request for surgery was not approved due to This Patient's symptoms being primarily on the left that did not coincide with the MRI findings at L4-5 and additionally there was no objective evidence of radiculopathy. A note on 02/24/06 by the neurologist indicated a decompression at

L4-5 and L5-S1 in the left would also be done at the time of surgery. Surgical intervention was again requested.

DISPUTED SERVICE(S)

Under dispute is the prospective, and/or concurrent medical necessity of two level microdiscectomy L4-5 and L5-S1.

DETERMINATION/DECISION

The Reviewer agrees with the determination of the insurance company.

RATIONALE/BASIS FOR THE DECISION

The Reviewer cannot recommend the proposed two level microdiscectomy as being medically necessary for This Patient. The EMG was negative. There is no objective evidence of radiculopathy and nothing to suggest that The Patient will be improved with the proposed surgical intervention.

Screening Criteria

1. Specific:

- ACOEM chapter 12, page 306

- Orthopedic Knowledge Update 8, Vaccaro, editor, Chapter 44, page 545

2. General:

In making his determination, the Reviewer had reviewed medically acceptable screening criteria relevant to the case, which may include but is not limited to any of the following: Evidence Based Medicine Guidelines (Helsinki, Finland); Texas Medical Foundation: Screening Criteria Manual (Austin, Texas); Texas Chiropractic Association: Texas Guidelines to Quality Assurance (Austin Texas); Texas Medical Foundation: Screening Criteria Manual (Austin, Texas); Mercy Center Guidelines of Quality Assurance; any and all guidelines issued by DWC or other State of Texas Agencies; standards contained in Medicare Coverage Database; ACOEM Guidelines; peer-reviewed literate and scientific studies that meet nationally recognized standards; standard references compendia; and findings; studies conducted under the auspices of federal government agencies and research institutes; the findings of any national board recognized by the National Institutes of Health; peer reviewed abstracts submitted for presentation at major medical associates meetings; any other recognized authorities and systems of evaluation that are relevant.

CERTIFICATION BY OFFICER

IRO America has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. IRO America has made no determinations regarding benefits available under the injured employee's policy.

As an officer of IRO America Inc., I certify that there is no known conflict between the Reviewer, IRO America and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

IRO America is forwarding by mail or facsimile, a copy of this finding to the DWC, the Injured Employee, the Respondent, the Requestor, and the Treating Doctor.

Sincerely,
IRO America Inc.

Dr. Roger Glenn Brown
President & Chief Resolutions Officer

Cc: _____

Cotton Dudley Merritt
Fax: 806-744-3141

Employers General Ins.
Attn: Neal Moreland
Fax: 512-732-2404

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.

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

I hereby certify, in accordance with DWC Rule 102.4 (h), that a copy of this Independent Review Organization decision was sent to the carrier, requestor, claimant (and/or the claimant's representative) and the DWC via facsimile, U.S. Postal Service or both on this 20th day of June, 2006.

Name and Signature of IRO America Representative:

Sincerely,
IRO America Inc.

Dr. Roger Glenn Brown
President & Chief Resolutions Officer