



Specialty Independent Review Organization, Inc.

June 30, 2006

DWC Medical Dispute Resolution  
7551 Metro Center Suite 100  
Austin, TX 78744

Patient: \_\_\_\_  
DWC #: \_\_\_\_  
MDR Tracking #: M2-06-1381-01  
IRO #: 5284

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

Specialty IRO 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.

This case was reviewed by a licensed Doctor of Osteopathy with a specialty in Orthopedics. The reviewer is on the DWC ADL. The Specialty IRO health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to Specialty IRO for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

#### CLINICAL HISTORY

This 32 year old patient was originally injured on \_\_\_\_ and has a chronic long standing history of low back pain. Patient had a two level laminectomy and discectomy several years ago. Patient has been seeing his primary provider for conservative therapy and treatment which has failed. Conservative therapy has included injections, physical therapy, and pain management. Because of the persistent complaints, an anterior posterior lumbar fusion at L3-4 and 4-5 was completed on 03/24/2006.

#### RECORDS REVIEWED

Fair Isaac, Letters: 03/31 and 04/13/2006.  
Records from Carrier:  
R Keeney, ATTY, Letter: 06/09/2006.

Records/Doctor Facility:

DS Ortho, Reports: 04/05, 04/19, and 05/26/2006.

H Serrant MD, Op Note: 03/24/2005.

H&P: 03/23/2005.

Goodwin, et al, Article: SPINE, Volume 24, November 13, 1999.

Mooney V, Article: North American Spine Society, Nov 1989.

### REQUESTED SERVICE

The requested service is for a spinalogic bone growth stimulator.

### DECISION

The reviewer disagrees with the previous adverse determination.

### BASIS FOR THE DECISION

Bone growth stimulators are indicated in spinal surgery when there is a failed spinal fusion or a multi-level spinal fusion surgery. This patient has a multi-level spinal fusion with a prior laminectomy. Therefore, this patient fits the criteria for the use of a bone growth stimulator.

### REFERENCES

USFDA: FDA Approves Device to speed healing of fractures, FDA Talk Paper, Rockville, MD, 10/12/1994.

Kane WJ: Direct Current Electrical Bone Growth Stimulation for Spinal Fusions, SPINE 1998; 13:163-165.

Mooney V: A Randomized Double Blind Prospective Study of the Efficacy of Pulsed Electromagnetic Fields for Interbody Fusions, SPINE 1990; 15:8-12.

Kahanovitz N: The Use of Adjunctive Electrical Stimulator to Enhance the Healing of Spine Fusions, SPINE: 1996; 21:2523-2525.

Gunzburg & Szpalski: THE FAILED SPINE

Specialty IRO has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Specialty IRO has made no determinations regarding benefits available under the injured employee's policy. Specialty IRO believes it has made a reasonable attempt to obtain all medical records for this review and afforded the requestor, respondent and treating doctor an opportunity to provide additional information in a convenient and timely manner.

As an officer of Specialty IRO, Inc, dba Specialty IRO, I certify that the reviewing provider has no known conflicts of interest 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.

Sincerely,

Wendy Perelli, CEO

### **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.**

Sincerely,

Wendy Perelli, CEO

**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 Division via facsimile, U.S. Postal Service or both on this 30<sup>th</sup> day of June 2006**

**Signature of Specialty IRO Representative:**

**Name of Specialty IRO Representative: Wendy Perelli**