

MEDICAL REVIEW OF TEXAS

[IRO #5259]

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NOTICE OF INDEPENDENT REVIEW DETERMINATION

TDI-WC Case Number:	
MDR Tracking Number:	M2-06-1384-01
Name of Patient:	_____
Name of URA/Payer:	Texas Mutual Insurance Company
Name of Provider: (ER, Hospital, or Other Facility)	
Name of Physician: (Treating or Requesting)	Shawn M. Henry, DO

June 23, 2006

An independent review of the above-referenced case has been completed by a 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.

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Sincerely,

Michael S. Lifshen, MD
Medical Director

cc: Shawn M. Henry, DO
Division of Workers' Compensation

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DOCUMENTS REVIEWED

1. Hollander Chiropractic Clinic from 3/2 through 2006.
2. MRI of the lumbar spine from West Texas Imaging Center.
3. Midland Orthopedic Ambulatory Surgery Center describing ESI's, selective nerve root injections and SI joint injections.
4. Texas Back Institute, Dr. Gayle Jasinski as well as Dr. Shawn Henry describing the orthopedic evaluations.
5. Paradigm Physical Therapy describing a Functional Capacity Evaluation.
6. Discogram performed at Highland Medical Center on 2/10/06.

CLINICAL HISTORY

This now 42 year old gentleman was injured at work on ____ in which he was swinging a hammer and carrying some bricks and then developed some low back pain. He was evaluated by a chiropractor and received prolonged chiropractic management followed by epidural injections times two with a left SI joint injection also. He had a 50% reduction of his pain with those procedures only to ultimately have the pain return to its former level. He had an MRI scan on 03/02/05 which showed a minimal to moderate sized disc herniation at L5 on the right with compression of the SI roots bilaterally, particularly on the right side. It is also noted that a significant disc space narrowing with disc desiccation as well as foraminal stenosis bilaterally due to hypertrophy of the facet joints. The remainder of his disc spaces showed moderate degrees of lumbar spondylosis with early stenosis noted throughout. Because of his lack of improvement, his orthopedic spine surgeon, Dr. Shawn, M. Henry has recommended an L5 anterior fusion after a discogram found him to have concordant pain at that level. Dr. Henry states quite clearly that this patient is suffering from pure low back pain; there is no evidence of a radiculopathy.

REQUESTED SERVICE(S)

Anterior lumbar interbody fusion at L5.

DECISION

Approved.

RATIONALE/BASIS FOR DECISION

As stated, this patient clearly has low back pain and low back pain alone. He has never had anything approaching a radiculopathy. On exam he may have some radiation to a minimal degree into his legs; however, this at best is a radiculitis. But, the MRI scan shows that he has bilateral foraminal stenosis and impingement to both of his S1 nerves by an anterior disc herniation. This, of course, is not going to be improved with an anterior procedure. The anterior procedure, however, will fuse this area and hopefully stop any further foraminal encroachment but there is a concern that this gentleman at some point may need a posterior procedure aimed at his nerves and a prudent physician would have to give pause to decide whether this would be that time and attempt to fix both his discogenic low back pain and his foraminal stenosis in the same sitting through perhaps a posterior lumbar interbody fusion. However, the problem here and now, is pure mechanical low back pain. The physicians have met their responsibility of tying his symptomatology to his imaging studies and this can be effectively treated with an anterior fusion.

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 26th day of June, 2006.

Signature of IRO Employee: _____

Printed Name of IRO Employee: Cindy Mitchell