

IRO America Inc.

An Independent Review Organization

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July 7, 2006

TDI-DWC Medical Dispute Resolution

Fax: (512) 804-4868

Patient: _____

TDI-DWC #: _____

MDR Tracking #: _____

M2-06-1424-01

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 but not limited to: Notes from Dr. Whittenburg, Dr. Bartolimei, and Dr. Wieser.

CLINICAL HISTORY

This 39 year old male reportedly has had persistent pain and symptoms in the lumbar spine and left thigh since a motor vehicle accident in _____. The records indicated that The Patient has undergone extensive conservative care including physical therapy, medication and epidural steroid injections with no significant relief.

A 09/29/05 spine evaluation noted The Patient with eighty percent back pain and twenty percent lower extremity pain. The Patient described a tingling sensation in the leg but denied weakness. The Patient was diagnosed with lumbar spondylosis with L4-5 degenerative disc disease and an annular tear per MRI findings. A follow up physician visit dated 01/20/06 revealed no concordant pain on discogram. The physician noted that he could not offer any form of surgical intervention and recommended second opinions and continued medications on a regular basis.

The Patient then was seen by orthopedics on 03/16/06. X-rays of the lumbar spine showed some mild disc space narrowing and no signs of significant dynamic instability. According to the records, the physician suggested a minimally invasive decompression and fusion due to no improvement with non-operative treatment and a positive discogram.

An IP laminectomy posterior lumbar fusion has been requested.

DISPUTED SERVICE(S)

Under dispute is the prospective, and/or concurrent medical necessity of IP laminectomy posterior fusion lumbar.

DETERMINATION/DECISION

The Reviewer agrees with the determination of the insurance company.

RATIONALE/BASIS FOR THE DECISION

Although the Patient has ongoing subjective symptoms, the records do not indicate that The Patient is a good surgical candidate. Specifically, The Patient's subjective symptoms do not correspond to a dermatomal pattern that would be treated by the surgery. The records indicate the epidural steroid injections have not even provided transient relief. The CT myelogram of 12/22/05 demonstrates possible lateral recess stenosis of the right S1 nerve root but The Patient's symptoms clinically do not correspond to this. Discogram on 12/22/05 was not concordant for pain. For all of these reasons The Patient would not be expected to do well with surgical management. Though The Patient has ongoing symptoms and has not responded to conservative measures, there is no indication that surgical management would provide any significant probability of relief from these symptoms. For this reason, The Reviewer's medical assessment is that the proposed surgery is not medical necessary.

Screening Criteria

1. Specific:

- Official Disability Guidelines Fourth Edition Treatment in Worker's Compensation 2006 p. 814-816

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: _____

Zurich Holding Company of America / FOL
Attn: Katie Foster
Fax: 512-867-1733

Juan Bartolomei
Fax: 817-299-1787

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 7th day of July, 2006.

Name and Signature of IRO America Representative:

Sincerely,
IRO America Inc.

Dr. Roger Glenn Brown
President & Chief Resolutions Officer