IRO America Inc.

An Independent Review Organization
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Amended July 12, 2006
June 29, 2006

TDI-DWC Medical Dispute Resolution
Fax: (512) 804-4868

Patient:	___
TDI-DWC #:	___
MDR Tracking #:	M2-06-1433-01
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:

- Lumbar MRI with and without contrast, 03/14/05
- Office note, Dr. Frazier, 08/04/05
- Office note, Dr. Guess, 09/07/05, 09/26/05, 11/02/05, 11/23/05
- Epidural steroid injection, 10/19/05
- Office note, Dr. Shalev, 01/17/06, 02/22/06, 03/29/06, 05/15/06
- Diagnostic selective nerve root blocks, 03/13/06

- Insurance carrier denial 04/07/06, 04/24/06
- Letter, Dr. Shalev, 04/30/06
- Utilization Review, 06/02/06
- Literature on percutaneous lumbar discectomy

CLINICAL HISTORY

The Patient is a 55 year-old male with a history of low back pain in _____that resulted in L4-5 and L5-S1 laminectomy on an unknown date. He remained asymptomatic until a lifting injury on _____. He then treated for low back and bilateral lower extremity pain. Conservative modalities consisted of medications, physical therapy, epidural steroid injections, activity modification, cane ambulation and selective nerve root blocks. He noted significant but temporary relief following the nerve root blocks. He has noted recurrent severe pain. Percutaneous disc decompression at L2-3 and L3-4 has been recommended.

DISPUTED SERVICE(S)

Under dispute is the prospective, and/or concurrent medical necessity of percutaneous disc decompression times two levels L2-3, L3-4.

DETERMINATION/DECISION

The Reviewer agrees with the determination of the insurance company.

RATIONALE/BASIS FOR THE DECISION

The proposed percutaneous disc decompression is not recommended as being medically necessary for This Patient. The Patient has MRI evidence of a broad based bulge but no evidence of frank herniation of a disc. He does not have any evidence of neurologic compromise and there is nothing to suggest that a discectomy will lead to any significant improvement in This Patient's condition. In addition, the percutaneous discectomy has not been demonstrated in peer reviewed literature to be as effective as the standard open or microsurgical discectomy. Therefore, The Reviewer cannot recommend the proposed two level percutaneous disc decompression as being medically necessary for This Patient.

Screening Criteria

1. Specific:

- Official Disability Guideline, Treatment in Workers' Comp 2006, 4th Edition; page 825

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: ___

Daniel Shalev
Attn: Mindy
Fax: 972-980-0649

TASB
Attn: Jackie Rosga
Fax: 888-777-8272

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 29th day of June, 2006.

Name and Signature of IRO America Representative:

Sincerely,
IRO America Inc.

Dr. Roger Glenn Brown
President & Chief Resolutions Officer