

  
**INDEPENDENT REVIEW INCORPORATED**

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**August 3, 2006**

**Re: MDR #: M2 06 1532 01 Injured Employee: \_\_\_**  
**DWC #: \_\_\_ DOI: \_\_\_**  
**IRO Cert. #: 5055 SS#: \_\_\_**

**TRANSMITTED VIA FAX TO:**

**TDI, Division of Workers' Compensation**

Attention: \_\_\_

Medical Dispute Resolution

Fax: (512) 804-4868

**RESPONDENT: Texas Mutual**

**REQUESTOR: \_\_\_**

**TREATING DOCTOR: Robert Coolbaugh, DC**

**PROVIDING DOCTOR: Robert LeGrand, MD**

In accordance with the requirement for DWC to randomly assign cases to IROs, DWC assigned this case to IRI for an independent review. IRI has performed an independent review of the medical records to determine medical necessity. In performing this review, IRI reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the office manager of Independent Review, Inc. and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him 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 Independent Review Organization. Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. Your case was

reviewed by a physician who is a board certified in orthopedic surgery and is currently listed on the DWC Approved Doctor List.

We are simultaneously forwarding copies of this report to the payor and the TDI, Division of Workers' Compensation. This decision by Independent Review, Inc. is deemed to be a DWC decision and order.

### 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.

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 August 3, 2006.

Sincerely,

A stylized signature consisting of the lowercase letters 'j' and 'c' in a bold, serif font. The 'j' has a dot above it, and the 'c' is positioned to the right of the 'j'.

Jeff Cunningham, DC  
Office Manager



**REVIEWER'S REPORT  
M2 06 1532 01**

**Information Provided for Review:**

1. DWC assignment
2. Texas Mutual denial letters
3. Carrier's records
4. Provider's records

**Clinical History:**

The patient, Rafino Mata, suffered a work-related injury to his lower back. He has an 8-year history of non-insulin-dependent diabetes mellitus. The patient had no preceding back or leg symptoms. After his back injury he developed low back pain and radicular pain in the left leg. A CT myelogram and MRI scan were obtained of the lumbar spine. L4/L5 and L5/S1 revealed disc abnormalities. No stenosis was revealed on the myelogram. Nerve conduction study revealed diffuse abnormalities consistent with diabetic neuropathy, clotting, and the ability to detect radiculopathy. Orthopedic spine surgeon recommended a discography to identify the pain generator. The patient denied this and requested surgical decompression. Surgical decompression at L4/L5 and L5/S1 has been denied.

**Disputed Services:**

L4/L5 and L5/S1 microdiscectomy with 1-day hospital stay has been denied as medically unnecessary by the insurance company.

**Decision:**

I DISAGREE WITH THE DETERMINATION OF THE INSURANCE CARRIER ON THIS CASE.

**Rationale:**

The reviewer for the insurance company that denied the surgery mentioned that the patient did not have radicular symptoms. This patient has pretty classic radicular symptoms at the left L5/S1 nerve roots. The patient denied discography, and approval for

epidural steroid injections was not given. I believe it would be prudent to perform L4/L5 and L5/S1 microdiscectomy without fusion at this time. The patient has strongly positive straight leg raising, an antalgic gait, and absent left ankle reflex. There is also some weakness noted in the foot without atrophy. Many times peripheral nerve surgery is denied for diabetics, and I do not believe that would be appropriate for this patient. I believe that surgery is indicated for this patient as he has failed conservative management.

**Screening Criteria/Literature Utilized:**

I used ACOM Guidelines as well as the guidelines of the North American Spine Society and American Academy of Orthopedics Surgeons Orthopedic Knowledge Update.