

IRO America Inc.

An Independent Review Organization

7626 Parkview Circle

Austin, TX 78731

Phone: 512-346-5040

Fax: 512-692-2924

August 9, 2006

TDI-DWC Medical Dispute Resolution

Fax: (512) 804-4868

Patient: _____

TDI-DWC #: _____

MDR Tracking #: _____

M2-06-1583-01

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:

- MRI, lumbar spine, 07/22/03, 01/20/04, 03/01/06
- Emergency Room, back pain, _____
- Lumbar spine report, 09/16/03
- Office visit Urrea, 09/23/03, 10/15/03, 11/17/03, 02/24/04, 03/01/04, 03/31/04, 06/07/04, 07/08/04, 07/30/04, 09/20/04, 11/29/04, 02/18/05, 04/16/05, 06/16/05, 08/08/05, 09/12/05, 12/14/05, 01/25/06, 04/21/06
- Dr. Knott, 12/18/03

- EMGs, normal, 01/14/04
- Lumbar facet blocks, 03/20/04
- Lumbar discogram, 09/02/04
- Dr. Williams, 05/03/06

CLINICAL HISTORY

This is a 51 year old _____ technician who was injured on _____ while attempting to hold a patient and subsequently fell to the floor injuring his low back. The Patient began treating with Dr. Urrea on 09/23/03 for his low back complaints. The _____ lumbar spine X-rays showed degenerative lumbar spondylosis and no fracture. Conservative treatment has consisted of Lortab, Relafen, physical therapy, off work, Medrol dose pack and facet blocks for temporary relief of his low back pain. On 12/18/03, Dr. Knott performed a designated doctor examination and placed the Patient at maximum medical improvement with 0% impairment rating. The 01/14/04 electromyography studies were normal. The 09/02/04 lumbar discogram was positive for concordant pain at L5-S1 with recreation of his back pain with negative control levels. The 01/25/06 flexion extension films showed some anterior erosion of the superior endplate of L5 along with a grade I spondylolisthesis. The 03/01/06 MRI of the lumbar spine showed stenosis on the left at L4-5 and a small annular tear and focal disc protrusion on the right at L5-S1.

The last office note provided of Dr. Urrea was on 04/21/06. At that time, the Patient complained of constant, chronic, recurrent low back pain that fluctuated with weather changes and activity. The left lower extremity symptoms had decreased on left but were easily reproducible with rotation. A Valsalva maneuver exacerbated both lumbar spine and left leg symptoms. Physical examination findings were painful range of motion of the lumbar spine with extension, rotation and right tilt. Decreased sensation was noted along the left lateral thigh, left lateral and anterior lower leg. There was decreased strength of bilateral hamstrings of 4/5 and right anterior tibialis to the left. There was a positive straight leg raise on the left. Dr. Urrea opined that the Patient had radiculopathy consistent with L5-S1 and L4-5 and L5-S1 were the symptomatic discs.

DISPUTED SERVICE(S)

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

DETERMINATION/DECISION

The Reviewer agrees with the determination of the insurance company.

RATIONALE/BASIS FOR THE DECISION

The lumbar decompression and fusion is not deemed to be medically necessary. The Patient has evidence of left lower extremity pain. It does not appear to correlate specifically with an L5-S1 radiculopathy. It is noted on 04/21/06 that the Patient's left lower extremity radicular symptoms had decreased on the left though they were reproducible. It appears the Patient's primary symptoms are in the back and fusion for back pain in the absence of instability remains controversial and unpredictable. The Reviewer therefore, is unable to recommend the surgery as being medically necessary at this time.

Screening Criteria

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: _____

Texas Mutual
Attn: Latrice Guiles
Fax: 512-224-7094

Robert Urrea
Fax: 915-881-8082

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 9th day of August, 2006.

Name and Signature of IRO America Representative:

Sincerely,
IRO America Inc.

Dr. Roger Glenn Brown
President & Chief Resolutions Officer