



Specialty Independent Review Organization, Inc.

## AMENDED REPORT 7/26/2006

July 24, 2006

DWC Medical Dispute Resolution  
7551 Metro Center Suite 100  
Austin, TX 78744

Patient: \_\_\_\_  
DWC #: \_\_\_\_  
MDR Tracking #: M2-06-1662-01  
IRO #: 5284

Specialty IRO has been certified by the Texas Department of Insurance as an Independent Review Organization. The TDI-Division of Workers' Compensation has assigned this case to Specialty IRO for independent review in accordance with DWC Rule 133.308, which allows for medical dispute resolution by an IRO.

Specialty IRO 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.

This case was reviewed by a licensed Doctor of Osteopathy with a specialty in Orthopedics. The reviewer is on the DWC ADL. The Specialty IRO health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to Specialty IRO for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

### CLINICAL HISTORY

This 28 year old male has a chief complaint of pain in his back. Patient was injured on \_\_\_\_ while at work bending, lifting, and twisting with bottles of chemical detergents weighing 5-10 pounds and cases of detergent weighing 20-40 pounds. Patient describes his pain as sharp at times, aching with increased pain on sitting, driving, prolonged standing, twisting, or bending.

Physical examination of the thoracic spine revealed motion decreased by 30%, lumbar motion decreased 30%, straight leg raise negative, and no motor and sensory deficits. MRI of 1/20/2005 revealed a disc desiccation at L1-2. MRI of 2/14/2005 revealed an HNP at T6-7 with encroachment on the spinal canal. Patient has been treated conservatively with therapy, medications, lumbar support with minimal improvement.

## RECORDS REVIEWED

UniMED, Letters: 5/8 and 5/25/2006.

Records from Carrier:

East Texas Medical Center, X-ray: 1/4/2005.

Myelogram: 10/20/2005.

MRI: 2/14/2006.

S Kechejian MD, Reports: 1/21 through 2/21/2005.

P Fox MD, Reports: 4/15/2005 through 5/8/2006.

OrthoSpine, MRI: 3/7/2005.

ConsiliumMD, Report: 3/30/2005.

V Cole MD, Reports: 1/21 through 5/25/2005.

HealthSouth, Report and FCE: 5/12/2005.

R Fino MD, Letter: 6/2/2005.

P Vaughan MD, Report: 9/7/2005.

Dallas Spinal, FCE: 1/16/2006.

Work Hardening: 1/16 and 1/27/2006.

Reports: 1/16 through 3/16/2006.

V Drummond DO, Report: 6/29/2006.

Physical Therapy, Reports: 2/9 and 2/21/2005.

Records from Doctor/Facility:

P Vaughan MD, Reports: 12/14/2005 and 4/28/2006.

## REQUESTED SERVICE

The requested services are 63101-62, 63101, 22532-51, 22845, 20938 and 22534 decompression, discectomy and fusion with graft/instrumentation and partial corpectomy is requested.

## DECISION

The reviewer disagrees with the previous adverse determination.

## BASIS FOR THE DECISION

This 28 year old male has had persistent back pain since the injury of \_\_\_\_\_. The MRI reveals the HNP with impingement on the spinal cord at T6-7. Patient has failed all conservative care. Because the HNP is impinging on the spinal cord, a decompression, discectomy and fusion with graft/instrumentation and partial corpectomy is medically necessary.

## REFERENCES

HS An: PRINCIPLES AND TECHNIQUES OF SPINE SURGERY.

Bradford & Zdeblick: Master's Techniques in Orthopedic Surgery: The Spine, 2nd Edition.

Rothman & Simeon: THE SPINE, 4th Edition.

Specialty IRO has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Specialty IRO has made no determinations regarding benefits available under the injured employee's policy. Specialty IRO believes it has made a reasonable attempt to obtain all medical records for this review and afforded the requestor, respondent and treating doctor an opportunity to provide additional information in a convenient and timely manner.

As an officer of Specialty IRO, Inc, dba Specialty IRO, I certify that the reviewing provider has no known conflicts of interest between that 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.

Sincerely,

Wendy Perelli, CEO

**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.**

Sincerely,

Wendy Perelli, CEO

**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 Division via facsimile, U.S. Postal Service or both on this 26<sup>th</sup> day of July 2006**

**Signature of Specialty IRO Representative:**

**Name of Specialty IRO Representative: Wendy Perelli**