



Specialty Independent Review Organization, Inc.

August 4, 2006

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

Patient:
DWC #:
MDR Tracking #: M2-06-1718-01
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 32 year old male was injured on ___ when he was unloading a truck and developed pain in the low back radiating down his left leg to his foot. This was associated with numbness, tingling, and weakness. Symptoms increased with coughing, sitting, standing for prolonged periods, and rising from a chair. Patient is unable to walk beyond a block because of pain.

Physical Examination: Examination of lumbar spine reveals tenderness with restricted range of motion in both flexion and extension. Seated root test is positive on the left, negative on the right. Decreased sensation in the L4-5 nerve root, strength 5/5, and reflexes are unremarkable.

MRI of 01/13/2005 reveals a two level disc herniation at L4-5 and 5-S1. EMG of 02/17/2005 revealed a left L4-5 radiculopathy. Discogram of 09/01/2005 revealed concordant pain at L4-5 with annular defects, reduced pressure, and referred pain to the hip. The L5-S1 disc was mildly degenerative but was unremarkable.

RECORDS REVIEWED

Liberty Mutual, Letter: 5/09/2006.

P Scales MD, Letter: 5/9/2006.

Records/ Doctor Facility:

N Patell MD, Reports: 2/24/2005 through 4/27/2006.

R Guyer MD, Reports: 9/9/2005 through 4/26/2006.

Texas Back Institute, Reports: 2/14/2005 through 6/21/2006.

Southwest Pain Group, Discogram: 9/1/2005.

Insight Diagnostic, MRI: 1/13/2005.

Additional Records, Carrier:

Liberty Mutual, Letters: 6/5/, 7/10, 7/21/2006.

Parker Road, ESI: 3/8/2005.

REQUESTED SERVICE

The requested service is a Charite disc replacement at L4/5.

DECISION

The reviewer disagrees with the previous adverse determination.

BASIS FOR THE DECISION

This patient has an injury resulting in low back and radicular pain. There is a positive MRI, physical findings, discogram, and EMG. The Charite is approved when the criteria is met. Criteria includes: Skeletally mature, degenerative disc disease in the lumbar spine, no relief from pain after at least six months of non-surgical treatment. This patient fits the criteria for this procedure.

REFERENCES

Guyer, McAfee, et al: Prospective Randomized Study of the Charite Artificial Disc, SPINE, 2004, 4, 252-259.

Blumenthal, McAfee, Guyer, et al: A Prospective, Randomized Multi-Center Food and Drug Administration Investigational Device, Charite Artificial Disc vs. Lumbar Fusion, SPINE Vol 30, December 14, 2005.

US Department of Health and Human Services, Charite Artificial Disc Report, 10/26/2004.

Depuy Spine: Technical Monograph, 2005.

Shuff, An: ARTIFICIAL DISC REPLACEMENT, American Journal of Orthopedics, Jan 2005, 8-12.

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 4th day of August 2006

Signature of Specialty IRO Representative:

Name of Specialty IRO Representative: Wendy Perelli