

# IRO America Inc.

**An Independent Review Organization**

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October 12, 2006

TDI-DWC Medical Dispute Resolution

Fax: (512) 804-4868

Patient: \_\_\_\_\_

TDI-DWC #: \_\_\_\_\_

MDR Tracking #: M2-06-1889-01

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:

- CT head/brain without contrast, 11/10/04
- Emergency room report, head injury precautions
- Radiology report, 06/09/05

- PR-2 report and work status report, 06/09/05, 06/16/05, 06/28/05, 07/14/05, 07/28/05, 08/03/05, 08/10/05, 08/16/05, 08/29/05, 09/09/05, 09/12/05, 09/26/05, 10/11/05, 10/31/05, 11/10/05, 12/13/05, 01/17/06, 03/10/06
- Spine Assessment form, 06/16/05
- Physical therapy evaluation summary, 06/16/05
- Lumbar spine MRI without contrast, 06/23/05
- Preliminary Orthopedic report, Dr. Van Hal, 07/13/05
- EMG/NCS, 07/28/05
- Office note, Dr. Van Hal, 08/24/05, 09/27/05
- Physical therapy summary, 09/14/05
- Appointment confirmation, 10/28/05
- Functional capacity evaluation, 10/04/05
- Maximum medical improvement report, Dr. Harney, 01/05/06
- Office notes, Dr. Botefuhr, 04/19/06, 05/01/06, 05/11/06, 05/23/06, 08/02/06 and 08/24/06
- Initial chart note, Dr. Henderson, 05/02/06
- Behavioral Medicine Consultation, Dr. Mangum, 05/15/06
- Epidural steroid injection noted, 06/05/06
- Request for authorization, 07/11/06
- IMO pre-authorization determination, 07/25/06
- Attorney's letter, 09/05/06

### **CLINICAL HISTORY**

This Patient is a 53 year old male firefighter with low back and right radicular leg pain since \_\_\_\_\_ which has been unresponsive to conservative treatment including anti-inflammatories, activity modification, physical therapy, chiropractic treatment and epidural steroid injections. He complained of continued low back pain, right buttock pain, right lower extremity pain into the foot and all five toes, numbness and shooting pains down the leg. An MRI on 06/23/05 showed a disc protrusion with bilateral foraminal narrowing at L3-4 and a larger disc protrusion with central canal stenosis and bilateral neural foraminal narrowing at L4-5. An EMG/NCS on 07/28/05 showed evidence of a chronic S1 nerve root irritation. The Patient's right calf muscle was noted to be significantly atrophied compared to the left, ankle jerks were absent bilaterally and light touch sensation was decreased over the entire right lower extremity except over the medial thigh. X-rays on 05/02/06 reportedly showed significant facet arthropathy at L4-5 and L5-S1, disc space narrowing at L5-S1 and gapping of the facets at L3-4. Examination by Dr. Henderson on 05/02/06 found guarding on the right with lateral bend, symptomatic extension and rotation to the right as well as continued absent deep tendon reflexes at the ankles. A request was made for authorization of posterior decompression at L4-5 and L5-S1 and a thoracic lumbosacral orthosis.

### **DISPUTED SERVICE(S)**

Under dispute is the prospective, and/or concurrent medical necessity of posterior decompression L4-L5, additional level L5-S1, Cybertech TLSO brace.

## **DETERMINATION/DECISION**

The Reviewer partially agrees with the determination of the insurance company.

### **RATIONALE/BASIS FOR THE DECISION**

Posterior decompression from L4 through S1 does appear to be medically necessary based on the information provided. The Patient is a 53-year-old male with significant spondylosis, moderate canal stenosis and foraminal narrowing at L5-S1. The L4-5 level has moderate bilateral neural foraminal narrowing. The Patient has undergone conservative treatment with physical therapy and epidural steroid injections and has continued symptoms. Based on the objective findings, physical examination findings and failure of conservative measures the Reviewer would recommend approval of the surgery as requested.

A Cybertech TLSO brace would not appear to be medically necessary for the Patient. The request is for a decompression. It does not appear that a fusion is being required. For this reason a post-operative brace should not be necessary.

### **Screening Criteria**

1. Specific:

- AAOS Orthopaedic Knowledge Update, Spine 2. Chapter 47: Minimally Invasive Spinal Surgery, pp. 469-470
- Physical Medicine & Rehabilitation, 2<sup>nd</sup> Edition. RL Braddom, Editor. Chapter 17: Spinal Orthoses in Rehabilitation, pp. 359 – 362

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 literature 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: \_\_\_\_\_

Robert Henderson  
Attn: Amanda S.  
Fax: 214-668-0359

City of Dallas  
Attn: Robert Josey  
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### **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 12<sup>th</sup> day of October, 2006.**

**Name and Signature of IRO America Representative:**

Sincerely,  
**IRO America Inc.**

Dr. Roger Glenn Brown  
**President & Chief Resolutions Officer**