



Specialty Independent Review Organization, Inc.

September 18, 2006

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

Patient: \_\_\_\_  
DWC #: \_\_\_\_  
MDR Tracking #: M2-06-1902-01  
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 35-year-old female was injured on \_\_\_\_ when she was lifting a shelf and developed sudden pain in her low back. Pain has worsened over time and it is now approximately 19 months post injury. Pain is in the low back radiating down both lower extremities. Pain in the right leg goes to the knee and on the left to the calf. There is also numbness and tingling in both legs. Major complaint is pain in the low back which is worsened with flexion and extension, twisting, turning, and prolonged standing.

The MRI on 03/16/2005 revealed a right sided PNP comprising the nerve root of L5 at the L4-5 level. Also, at L5-S1 there is a central PNP. A discogram on 12/08/2005 had questionable

results because there was not a standard disc used as reference. An EMG is reported as being normal.

Patient has been treated with physical therapy, chiropractic treatments for more than a year. Therapy has included aquatic, physical modalities, and strengthening exercises.

Physical Exam: Straight leg raise produced pain in the thigh on the right. Muscle strength and sensation are normal. Forward bending was limited to 25 degrees.

#### RECORDS REVIEWED

Corvel, Letters: 7/10 and 7/13/1006.

Records from Carrier:

G Solcher Atty, Letters: 8/22 and 9/6/2006.

Records from Doctor/Facility:

R Francis MD, Reports: 7/1 and 8/3/2006.

J Lai MD, Report: 6/10 through 12/28/2005.

Op Note: 12/8/2005.

Diagnostic Radiology of Houston, MRI: 3/16/2005.

Doctors Imaging Central, Discogram/CT: 12/8/2005.

River Oaks Imaging, Myelogram: 8/6/2006.

J Wood MD, Report: 9/13/2005.

M Rorick DC, Report: 3/2/2005.

RioGrande Neurology, EMG: 3/25/2005.

#### REQUESTED SERVICE

The items in dispute are the prospective medical necessity of a posterior spinal fusion at L4-S1, ICGB pedicall screw/rods, anterior spinal fusion at L4-S1, synthex ccalif., A01 screws and bone growth stimulator.

#### DECISION

The reviewer agrees with the previous adverse determination.

#### BASIS FOR THE DECISION

The reviewer states that in the information supplied there is no evidence of any instability at L4-5. The flexion extension X-rays show no abnormal translation. This patient has a herniated disc on the right, compressing the L5 nerve foot. This pathology does not require a spinal fusion.

#### REFERENCES

Rothman and Simeone: The Spine, 4th Edition.

Bono and Garfin: The Spine.

An, Howard: Principles and Techniques of Spine Surgery.

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 \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_**

**Signature of Specialty IRO Representative:**

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