


INDEPENDENT REVIEW INCORPORATED

September 22, 2006

Re: MDR #: M2 06 1909 01 Injured Employee: ___
DWC #: _____ DOI: _____
IRO Cert. #: 5055 SS#: _____

TRANSMITTED VIA FAX TO:
TDI, Division of Workers' Compensation
Attention: ___
Medical Dispute Resolution
Fax: (512) 804-4868

RESPONDENT: Texas Mutual Insurance

REQUESTOR: Robert Henderson, MD

TREATING DOCTOR: Deepak Chavda, MD

In accordance with the requirement for DWC to randomly assign cases to IROs, DWC assigned this case to IRI for an independent review. IRI has performed an independent review of the medical records to determine medical necessity. In performing this review, IRI reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the office manager of Independent Review, Inc. and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him 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 Independent Review Organization. Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is a board certified in orthopedic surgery and is currently listed on the DWC Approved Doctor List.

P.O. Box 855
Sulphur Springs, TX 75483
903.488.2329 * 903.642.0064 (fax)

We are simultaneously forwarding copies of this report to the payor and the TDI, Division of Workers' Compensation. This decision by Independent Review, Inc. is deemed to be a DWC decision and order.

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.

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on DATE.

Sincerely,

The image shows a stylized handwritten signature consisting of the lowercase letters 'j' and 'c' in a bold, black font. The 'j' has a dot above it, and the 'c' is a simple, rounded shape.

Jeff Cunningham, DC
Office Manager

**REVIEWER'S REPORT
M2 06 1909 01**

MEDICAL INFORMATION REVIEWED:

1. DWC assignment
2. Table of Disputed Services
3. Request for preauthorization for surgery
4. Multiple denials for surgery and TLSO bracing from Texas Mutual Insurance Company
5. Requestor's records

BRIEF CLINICAL HISTORY:

The claimant has chronic low back pain with neurogenic-type symptoms in the buttocks and legs. He had extensive conservative treatment, and lumbar discogram performed on 01/19/05 revealed concordant leg and back pain at the L5/S1 level with disc abnormalities.

DISPUTED SERVICES:

Lumbar interbody fusion, i.e. 360 degree fusion anteriorly and posteriorly at the L5/S1 level and a Cybertech TLSO have been denied as medically unnecessary by the insurance company.

DECISION:

I DISAGREE WITH THE DETERMINATION OF THE INSURANCE CARRIER ON THIS CASE.

RATIONALE OR BASIS FOR DECISION:

The patient has discogenic low back pain, and all of the physician reviewers that have denied this patient's surgery are basing it on instability or neuropathy. Lumbar discogenic disc pain due to dysfunction discs is an indication for surgery after failing conservative management. The patient has a concordant discogram, and I believe it would be prudent to decompress and fuse the spine to the L5/S1 level in this patient.

SCREENING CRITERIA AND TREATMENT GUIDELINES:

Clinical experience in orthopedic surgery as well as Campbell's Operative Orthopaedics, Spine, which is a peer review journal for spine surgery, all discuss lumbar fusion for chronic lumbar disc syndrome without radiculopathy.