



Specialty Independent Review Organization, Inc.

September 18, 2006

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

Patient: \_\_\_\_  
DWC #: \_\_\_\_  
MDR Tracking #: M2-06-1925-01  
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 \_\_\_\_\_. Patient was doing repetitive lifting of 100 pound roles of foam when he developed a sudden onset of low back pain radiating down the left lower extremity. By the next morning, he had pain radiating down the right leg. Patient's major complaint is constant low back pain with intermittent numbness in both legs. Symptoms are made worse with sitting, standing, and walking more than 20 minutes.

EMG on 11/05/2004 revealed an L5-S1 radiculopathy on the left. A CT Scan on 12/21/2004 revealed a moderate combined congenital and acquired central L4-5 stenosis with annular bulging. The MRI of 04/25/2004 revealed a central disc protrusion with moderate central canal stenosis superimposed upon the congenitally narrowed canal at L4-5.

Physical examination reveals tenderness in the lumbar spine, range of motion is decreased in flexion, straight leg raise is positive both supine and sitting on the left, and Laseque is positive. There is slight weakness on the left extensor hallucis longus.

#### RECORDS REVIEWED

IntraCorp, Letters: 7/20 and 7/31/2006.

Records: Doctor/Facility:

D Diaz DC, Report: 6/6/2005.

V Aggarwal MD, Report: 6/21/2006.

ESI: 2/09/2005.

Facet Injection: 4/7/2005.

J Sazy MD, Reports: 1/20/2005 through 5/03/2006.

Texas Imaging, MRI: 4/25/2005.

Diagnostic Testing, EMG: 11/05/2004.

Diagnostic NeuroTesting, CT: 12/21/2004.

Records from Carrier:

J Loughlin Atty, Letter: 9/6/2006.

E Taylor DC, Reports: 8/3/2004 through 11/02/2005.

Farmers, Letter: 9/2/2004.

Green Diagnostics, FCE: 11/02/2005.

E Cerday MD, Reports: 11/10/2004 through 1/12/2005.

M Chiusano DC, Report: 2/22/2005.

J Steele MD, Reports: 6/20/2005 and 3/13/2006.

K Davis DC, Report: 7/22/2005.

V Aggarwal MD, Reports: 5/3, 5/10, & 5/17/2005.

J Sazy MD, Report: 7/24/2006.

M Borkland Judge, Letter: 10/16/2002.

Deyo, Nachemson, Mirza: Spinal Fusion Surgery, NEJM,  
February 12, 2004.

#### REQUESTED SERVICE

The items in dispute are the prospective medical necessity of an L4-S1 laminectomy and transforaminal lumbar interbody fusion at L4-5, L5-S1 and 5 days LOS.

#### DECISION

The reviewer disagrees with the previous adverse determination.

#### BASIS FOR THE DECISION

The reviewer states that this 32 year old has a PNP at L4-5 together with a congenital narrow spinal canal resulting in moderate spinal stenosis. Patient also has the stenosis at L5-S1.

Because of the spinal stenosis a decompression is indicated together with the proposed fusion. Patient has had conservative care for 19 months and this has failed. Treatments have included injections, therapy, chiropractic treatments.

There is clinical evidence and imaging evidence together with failed conservative care and these are indications for surgery according to ACOEM Guidelines.

#### REFERENCES

AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE,  
Practice Guidelines, Chapter 12.

Bono and Garfin: The Spine.

An, Howard: Principles and Techniques of Spinal 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 18<sup>th</sup> day of September, 2006**

**Signature of Specialty IRO Representative:**

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