

MEDICAL REVIEW OF TEXAS

[IRO #5259]

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NOTICE OF INDEPENDENT REVIEW DETERMINATION

TDI-WC Case Number:	
MDR Tracking Number:	M2-06-1985-01
Name of Patient:	
Name of URA/Payer:	Hartford Ins. Company of Midwest
Name of Provider: (ER, Hospital, or Other Facility)	Scott Blumenthal, MD
Name of Physician: (Treating or Requesting)	Scott Blumenthal, MD

October 2, 2006

An independent review of the above-referenced case has been completed by a physician board certified in orthopedic surgery. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by Texas Medical Foundation, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

Medical Review of Texas (MRT) hereby certifies that the reviewing physician is on the Division of Workers' Compensation Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to MRT.

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Sincerely,

Michael S. Lifshen, MD
Medical Director

cc: _____
Scott Blumenthal, MD
Division of Workers' Compensation

RE: ____

DOCUMENTS REVIEWED

1. Medical dispute resolution request/response
2. GENEX Texas outpatient non-authorization recommendation from June 29, 2006
3. GENEX Texas outpatient non-authorization recommendation from August 1, 2006
4. Jean F. Coria, MD designated doctor's evaluation TWCC69 form from June 6, 2006
5. Scott L. Blumenthal, MD evaluation August 8, 2005 and June 21, 2006
6. Kevin J. Pauza, MD evaluation March 14, 2006. Procedure note for epidural steroid injection March 30, 2006. Procedure note for lumbar discography from May 10, 2006. Evaluation June 12, 2006.
7. Elizabeth Rodriguez, rebuttal of decision for denial of Charite disc arthroplasty from June 21, 2006
8. Jessica Kouyoumijian, P-A-C, Rebuttal for denial of discography December 14, 2005

CLINICAL HISTORY

This 41 year old woman is employed as a product tech. This involves assemble line work. On ____ she climbed onto metal stairs. There was a strip of wood beneath the stairs that prevented them from being level. As she bent to remove the strip of wood, she developed low back pain. Subsequent to the injury she has had extensive conservative treatment including facet injections and at least one epidural steroid injection on March 30, 2006. Her symptoms continued. The patient has been evaluated with x-rays that were reportedly normal. An MRI performed August 23, 2005 reportedly showed annular tears and bulging discs at L4-5 and L5-S1. This MRI had no significant changes compared with an MRI performed June 18, 2004 after a previous worker's compensation back injury from which she had recovered. Because of ongoing symptomatology, discograms and a post-discogram CT scan were performed on May 10, 2006 from the L2-3 level through the L5-S1 level. L2-3 and L3-4 were normal. L4-5 and L5-S1 had low opening and peak pressures and produced concordant pain. The post CT discogram showed normal L2-3 and L3-4 discs and degenerative L4-5 and L5-S1 discs.

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RE: _____

REQUESTED SERVICE(S)

Charite 2 level disc arthroplasty at L4-5 and L5-S1

DECISION

Denied

RATIONALE/BASIS FOR DECISION

This woman is only 41 years old. Long term outcomes of disc replacement are not available and 2-level disc replacements are not supported as reasonable and necessary. Tropiano et al. JBJs 2005 found in their study with an average of 8.7 years follow up that an age of less than 45 years was associated with slightly worse outcomes. Overall at 8.7 years they reported 60 percent excellent and 74 percent good and excellent results. Intuitively one would expect these results to deteriorate with the passage of time.

In conclusion, because of this woman's relatively young age and the fact that the long term prognosis of this procedure is not known, disc replacement arthroplasty is not warranted.

Certification of Independence of Reviewer

As the reviewer of this independent review case, I do hereby certify that I have no known conflicts of interest between the 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.

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.

Chief Clerk of Proceedings
Division of Workers' Compensation
P.O. Box 17787
Austin, Texas 78744

Or fax the request to (512) 804-4011. A copy of this decision must be attached to the request.

The party appealing the decision shall deliver a copy of its written request for a hearing to the opposing party involved in the dispute.

In accordance with Rule 102.4(h), 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 this 3rd day of October, 2006.

Signature of IRO Employee: _____

Printed Name of IRO Employee: Cindy Mitchell