



Specialty Independent Review Organization, Inc.

December 13, 2005

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

Patient: \_\_\_\_  
DWC #: \_\_\_\_  
MDR Tracking #: M2-06-0336-01  
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 43-year-old female was injured on \_\_\_\_ . At that time she was working as an assistant manager at \_\_\_\_ . She lifted a heavy weight overhead weighing 50-60 pounds and felt a pop in her back. This was accompanied by immediate central pain. Following this, she had radiation of pain down both lower extremities. She has had significant left and right-sided leg pain over this period of time, but now believes the right side is more intense than the left side. At times, the left-sided leg pain has been more intense than right. Most of her symptoms are in the lower back.

Her back pain is made worse with all activities that involve bending, twisting, and turning. Forward flexion is much worse for her than is extension. Coughing, sneezing, and straining make her pain worse. She also gets significant increase in her pain when standing for more than 50 minutes, with prolonged sitting, and with short-term walking.

On the right side, the pain radiates down to the posterior thigh on most occasions and only sometimes goes on into her calf towards the foot. The same distribution is noted on the left side. She has paresthesias over the dorsum of the foot on the right and over the dorsum of the toes on the left side.

The MRI on 12/08/2004 revealed a central disc herniation lateralizing to the right, indenting the thecal sac at L4-5. The EMG of 12/27/2004 revealed a left L4-5 radiculopathy. A discogram on 07/12/2005 shows an L4-5 abnormal disc with concurrent pain and the same at L5-S1. The post discogram CT scan shows widespread deterioration of L4-5 and L5-S1.

The patient has been treated with physical therapy for more than a year including aquatic therapy, heat, ultra-sound, massage, and other modalities. The patient has also received 3 ESIs on 02/22, 03/08, and 03/23/2005.

Physical Examination reveals forward bending restricted to 30 degrees because of pain, straight leg raise is negative, muscle strength 5/5. The sensation is diminished over the dorsum of both feet extending to the tips of the toes.

#### RECORDS REVIEWED

Genex, Letters: 10/07, 10/18/2005.

Records – Doctors/Facility:

R Francis MD, Letter: 9/15, 10/25/2005.

Twelve Oaks, Discogram: 9/15/2005.

NeuroDiagnostic of Houston, EMG: 12/27/2004.

Records from Carrier:

T Bear DC, Letters: 11/12/2004 through 8/23/2005.

Universal Town and Country, MRI: MRI 12/9/2004.

R Marco MD, Letters: 1/04 through 6/21/2005.

J Keepers MD, Reports & Letters: 2/22 through 7/12/2005.

B Richards MD, Letters: 4/1 and 8/19/2005.

#### REQUESTED SERVICE

The items in dispute are the prospective medical necessity of posterior spinal fusion at L4-S1, exploration left L5 nerve root, ICBG, BMP, pedicle screws/rods, anterior spinal fusion L4-S1, corloc, AOI screws, LSO brace, 10 day rental for cryo unit and bone growth stimulator.

## DECISION

The reviewer disagrees with the previous adverse determination.

## BASIS FOR THE DECISION

The reviewer states that this patient has had significant conservative care for over a year and has exhausted all reasonable conservative efforts to gain relief. The patient has positive imaging evidence of degenerating discs at L4-5 and L5-S1. The recommended treatment of 360 fusion of L4-S1 is medically necessary as related to the injury of \_\_\_\_.

An, Howard: PRINCIPLES AND TECHNIQUES OF SPINE SURGERY.

Rothman & Simeon: THE SPINE, 4<sup>th</sup> Edition.

Bono, et al: THE SPINE.

Bradford and Zdeblick: MASTER'S TECHNIQUE IN ORTHOPEDIC SURGERY, 2<sup>nd</sup> Edition.

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 via facsimile, U.S. Postal Service or both on this 13th day of December 2005**

**Signature of Specialty IRO Representative:**

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