



Specialty Independent Review Organization, Inc.

January 10, 2005

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

Patient: \_\_\_\_  
DWC #: \_\_\_\_  
MDR Tracking #: M2-06-0431-01  
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 61 year old male was injured on \_\_\_\_\_. He was working as a chauffer for the \_\_\_\_\_ when he slipped and fell onto his right side. Since that time he has had acute symptoms of low back and leg pain. Presently he uses a cane when ambulating and has intermittent feelings of numbness in both legs.

Prior history indicates that in \_\_\_\_\_ the patient was involved in a motor vehicle accident that required surgery of the lumbar spine. He was able to return to work. He was involved in a second motor vehicle accident in \_\_\_\_\_ that resulted in a two level fusion of the cervical spine. Again the patient returned to work and was involved in another motor vehicle accident in \_\_\_\_\_, resulting in a fracture of his hip which required an ORIF. Patient also has a history of diabetes which is controlled with oral medications.

Physical Examination reveals straight leg raise positive on the right, decreased sensation with pin pricking in the right lower extremity, motor strength is equal, well healed scar in the lumbar area, and generalized tenderness in the lumbar region. The treatment has involved physical therapy, medication, and ESIs.

Lumbar MRI of 12/23/2003 reveals evidence of a left L4-5 surgery with a recurrent disc extrusion with migration posteriorly to the L5 vertebral body, bilateral foraminal stenosis at L4-5 and 5-S1. Lumbar myelogram/CT scan of 03/23/2004 reveals a left L4-5 laminectomy with under filling of the left L4 nerve root and bilateral under filling of the proximal L5 nerve root sleeves. There is also significant disc space narrowing at L5-S1 with degenerative changes. EMG on 01/09/2004 reveals a moderately severe diabetic peripheral neuropathy. Lumbar X-rays on 09/06/2005 show significant narrowing at L5-S1, mild retrolisthesis of L4 on L5 with narrowing of the foramina at L4-5, and degenerative facet joints also at L5-S1. There is also evidence of an ORIF of the right acetabulum and an inferior vena cava filter.

#### RECORDS REVIEWED

Hartford, Letters: 9/28 and 10/7/2005.  
J Milani MD, Reports: 9/6 and 10/26/2005.  
G Wharton MD, Report: 11/19/2002.  
G Armstrong MD, Report: 10/7/2002.  
Dallas Spine Rehab, Reports: 9/16/2004 through 5/16/2005.  
Metro Radiology, CT Cervical: 11/22/2005.  
Texas Back Institute, CT Myelogram: 4/6/2004.  
K Jones MD, CT Myelogram: 3/23/2004.  
Texas Imaging, MRI: 12/23/2003.  
N Patel MD, Reports: 7/21/2004 through 5/11/2005.  
Dallas Spine Care, Report: 8/25/2004.  
Additional Records: Doctor/Facility.  
Additional Records: Carrier  
    Numerous reports concerning right shoulder surgery.  
    Texas Back Institute, Reports: 2/23 and 4/6/2004.  
    J Zeigler MD, Report: 4/6 through 6/14/2004.  
    N Patel MD, Reports: 11/4/2003 through 5/11/2005.  
    PRN, Report: 4/12/2005.  
    C Graham MD, Report: 7/1/2004.  
    G Wharton MD, Report: 11/6 – 12/9/2003.  
T Overman EdD, Reports: 4/6 through 11/22/2004.  
Hartford, Letters: 4/16 and 9/23/2004.  
Presbyterian Hospital, Records: 10/7/2004.  
NeuroTech, EMG: 1/9/2004.  
J Maley DC, FCE: 1/26/2004.

## REQUESTED SERVICE

The requested service is a posterior lumbar interbody fusion at L4-5, L5-S1 with cage implants and lateral fusion with screws and plates, laminectomy, bone matrix for graft and a 3-day inpatient stay.

## DECISION

The reviewer disagrees with the previous adverse determination.

## BASIS FOR THE DECISION

This 61 year old male has evidence of a recurrent disc herniation with extrusion and migration posteriorly to the L5 vertebral body. The diagnostic tests further reveal foraminal stenosis bilaterally at L4-5 and 5-S1 with marked degeneration of the L5-S1 disc space. The patient has not improved with conservative care since he slipped and fell on .

## REFERENCES

Rothman and Simeon: The Spine, 4th Edition.

Bono, Garfin, et al: The Spine.

Bradford and Zdeblick: Master's Techniques in Orthopedic Surgery, The Spine, 2nd Edition.

Campbell's Operative Orthopedics, 10th 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 Division via facsimile, U.S. Postal Service or both on this 10<sup>th</sup> day of January 2006**

**Signature of Specialty IRO Representative:**

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