

MEDICAL REVIEW OF TEXAS

[IRO #5259]

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NOTICE OF INDEPENDENT REVIEW DETERMINATION

TDI-WC Case Number:	
MDR Tracking Number:	M2-06-1702-01
Name of Patient: _____	
Name of URA/Payer:	
Name of Provider: (ER, Hospital, or Other Facility)	
Name of Physician: (Treating or Requesting)	Robert Urrea, MD

August 1, 2006

An independent review of the above-referenced case has been completed by a physician board certified in neurosurgery. 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: _____
Robert Urrea, MD
Division of Workers' Compensation

DOCUMENTS REVIEWED

1. Notification of IRO and request for L5 laminectomy and fusion.
2. Office notes from Dr. Robert Urrea both individually as well as with the Back and Neck Institute dating from 5/22/06 all the way back to the original injury in _____.
3. Various hospital notes describing the endoscopic discectomy procedure including the operative reports. Various notes describing epidural spinal injections, facet joint injections and caudal epidural injections.
4. Discogram performed on 3/13/03 which showed no abnormality at L3 and concordant pain at L4 and L5.
5. A number of medical records and hospital notes from Providence Medical center outlining her medical course after the endoscopic discectomy and epidural spinal injections.
6. Accident reports for on-the-job injury dated _____.
7. Open MRI scan dated 11/27/02 showing internal disc derangement and desiccation as well as possible annular tear of L5.

CLINICAL HISTORY

This is a woman who worked in the _____ and on _____ she was dumping some mop water in the supply room. She slipped in the water and hit her low back and developed significant and what is being described as overwhelming low back pain. That pain has continued somewhat intermittently since then. She has had aggressive non-surgical management including multiple courses of physical therapy as well as a whole host of injections including a number of facet joint injections, SI injections, and epidural steroid injections and then finally she had an endoscopic discectomy in June of 2004. She has been described as having her low back pain improved with this, however, the right leg pain which is described as developing after her fall, has continued to date. More recently she has been found to have what is described as an unstable L5 area. This apparently was determined by a CT myelogram. Unfortunately, confirmatory information was submitted, but based on the office notes of Dr. Robert Urrea of 5/22/06, she is noted to have on dynamic imaging studies, a 4mm shift at the L5/S1 disc space. These dynamic

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imaging studies were performed in April of this year. Based upon this finding as well as the weakness in her right leg as well as the low back pain, it has been recommended that she have an L5 decompressive laminectomy accompanied by posterior lateral fusion.

REQUESTED SERVICE(S)

L5-S1 lumbar decompression and fusion.

DECISION

Denied.

RATIONALE/BASIS FOR DECISION

Dynamic images that were performed in April of 2006 were not submitted for review. It is not even clear whether these images were obtained through a myelogram or whether these are simply flexion extension films. The difference is important. If there is documentation of L5 root compression with flexion and extension then this procedure is appropriate. If that has yet to be determined based on myelographic views then a myelogram or an EMG to confirm the presence of a right L5 radiculopathy which is being demonstrated on physical exam is necessary before an approval for a surgical procedure is performed. This is based upon all reasonable recommendations of assigned surgeries including the ***Occupational Medicine Practice and Guidelines***, the ***North American Spine Societies Recommendation for Back Surgery***, as well as ***The Neurosurgical Guidelines for Surgery of the Lumbar Spine***.

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 2nd day of August, 2006.

Signature of IRO Employee: _____

Printed Name of IRO Employee: Cindy Mitchell