

MEDICAL REVIEW OF TEXAS

[IRO #5259]

10817 W. Hwy. 71

Phone: 512-288-3300

Austin, Texas 78735

FAX: 512-288-3356

NOTICE OF INDEPENDENT REVIEW DETERMINATION

TDI-WC Case Number:	
MDR Tracking Number:	M2-06-1974-01
Name of Patient:	
Name of URA/Payer:	Ascension Health
Name of Provider: (ER, Hospital, or Other Facility)	Viet Tran, MD
Name of Physician: (Treating or Requesting)	Viet Tran, MD

November 6, 2006

An independent review of the above-referenced case has been completed by a board certified neurosurgeon. 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.

November 6, 2006
Notice of Independent Review Determination
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Sincerely,

Michael S. Lifshen, MD
Medical Director

cc: _____
Viet Tran, MD
Division of Workers' Compensation

RE: ____

DOCUMENTS REVIEWED

1. Notice of IRO Assignment
2. Previous reviewer's objections.
3. Office notes from Dr. Tran
4. Second opinion from Dr. Gordon White.
5. A variety of notations and hospital intake forms for an epidural injection performed by Dr. Queralt.
6. Intake notes from Victory Medical Center.

CLINICAL HISTORY

This 32-year-old gentleman works at _____ here in Austin and injured himself on _____. There is not a detailed report of what happened to him but apparently he was lifting and pulling something and felt pain in his back. He was evaluated in the emergency room and then followed in the Victory Medical Center. He was ultimately referred to Dr. Tran who recommended an epidural injection. This was performed and the patient, instead of getting better, actually deteriorated. He has had an MRI scan done of his low back which finds him to have an L5 subligamentous disc herniation but patent neural foramina bilaterally. Clinically the patient complains of back pain which radiates into the left posterior thigh as well as into the left testicle. Dr. Tran's physical exam was essentially within normal limits with straight leg raising sign being negative on both sides. Of note, he states that the SLR is positive because it reproduces back pain which radiates into his left testicle; this by definition is not a positive SLR. His motor strength, sensory, and reflex exams are within normal limits and Dr. Tran feels that this is an atypical presentation of a disc herniation. His recommendation was initially a lumbar laminectomy and currently it has morphed into a lumbar laminectomy with fusion. He has been seen by Dr. Gordon While who recommends that the patient have an EMG and Discogram and to my knowledge this has not been performed.

REQUESTED SERVICE(S)

Lumbar Spine Fusion L5-S1 (22630) and L5-S1 Disectomy

DECISION

Denied

RE: ____

RATIONALE/BASIS FOR DECISION

This is an atypical presentation to be certain as has been noted by the two previous reviewers as well as the second opinion physician. There are no electrodiagnostic studies or any other confirmatory studies aside from an MRI scan which shows a disc protrusion eccentric to the left side; however both of the neural foraminal remains patent. He has a normal neurologic exam. The criteria for any type of lumbar procedure require two of the three following be positive: a physical exam, corresponding imaging studies or an electrodiagnostic studies. This patient actually has none of these. The MRI scan report is quite unimpressive. This can be a presentation of discogenic pain and recommendations are consistent with what was recommended by Dr. Gordon White; first an EMG is needed to confirm that this is an extraordinarily unusual presentation of an S1 radiculopathy. Of note, obviously this is not the usual distribution of the S1 nerve. Further, if that study is negative and because of the duration of the symptoms, the recommendation is a three-level Discogram to see if concordant pain can be identified. This patient may still have a surgical problem and a surgical fusion may be warranted, however the investigation so far cannot justify that and more objective data is recommended if he had pain. These statements are justified by the **Occupational Medicine Practice Guidelines** as well as Ed Benzel's textbook, **Surgery for Low Back Pain**, and finally the neurosurgical staple **Yeoman's Clinical Neurosurgery**.

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 6th day of November, 2006.

Signature of IRO Employee: _____

Printed Name of IRO Employee: Cindy Mitchell