



Specialty Independent Review Organization, Inc.

October 13, 2006

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

Patient: ____
DWC #: ____
MDR Tracking #: M2-07-0029-01
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 35 year old male was injured _____. He was working as a glass installer. He stooped down and was in a bent position. His boss was above him on a ladder and slipped from the ladder, landing on the back of this patient causing a hyper-flexion injury. The force caused the patient to be pushed directly down to the ground. Since that time the patient has continued to have low back and left leg pain. The pain is associated with numbness and tingling along the anterior thigh and posterior calf to the ankle on the left side.

The symptoms are worse with bending forward, coughing, and sneezing. Physical Examination: No radicular symptoms with straight leg raise, sciatic notch non-tender, and strength 5/5. Patient has restricted lumbar motion and a weakness of the left EHL.

An MRI on 09/02/2005 revealed a T11-12 HNP to the left, thus causing a foraminal stenosis. At the L4-5 level there was degenerated disc with an HNP contacting the left dorsal route ganglion. Flexion extension X-rays of the lumbar spine showed no instability.

Treatment has included multiple ESIs, physical therapy, exercises, and medications. Since the injury the low back pain has progressively worsened and a surgery occurred on 04/28/2006. Surgery was a left partial laminectomy with decompression at L4-5. Following the surgery the patient continued to have back discomfort and a second surgery was performed on 06/19/2006. This surgery was a left-sided thoracotomy with discectomy at T11-12. Following this second surgery the discomfort in the mid-back has continued to resolve, but the low back pain has increased.

RECORDS REVIEWED

.Records from Carrier:

R Josey Atty, Letter: 10/2/2006.

Corvel, Letters: 8/10 and 8/15/2006

Records from Doctor/Facility:

R Francis MD, Reports: 12/20/2005 to 8/3/2006.

Twelve Oaks Med Center, OP Note: 6/19/2006.

Foundation Surgical HOSP, OP Note & X-rays: 4/28/2006.

Texas NeuroDiagnostic, EMG: 2/23/2006.

Fallbrook Open MRI, MRI: 9/2/2005.

Woodlake MRI, MRI: 8/8/2005.

REQUESTED SERVICE

The requested service is a lumbar artificial disc replacement at L4-5 and a 10 day rental of a Cry-unit.

DECISION

The reviewer agrees with the previous adverse determination.

BASIS FOR THE DECISION

This patient is only 5 months from a decompression laminectomy. There is evidence of very minimal degenerating disc at L4-5. Since the patient is still within the first year from his decompression, the results from the surgery cannot be determined until at least 6-12 months have elapsed.

The artificial disc replacement was certified in 2004 for the Charite Disc; however, there is no high quality scientific evidence to prove the efficacy of long term results. The indication for an artificial disc is a degenerated disc. This patient is only 5 months from surgery and the need for

a second surgery is not indicated at this time. Ice bags can be applied to a back for pain relief and this does not require a 10 day rental of a Cryo-unit.

REFERENCES

US Department of Health and Human Services: Charite Artificial Disc Report, 10/26/2004.

DePuy: SPINE, Technical Monograph 4/13/2005.

Tropiano, Huang, et al: Lumbar Total Disc Replacement, JBJS 2005; 85-A (3): 490-496.

Shuff and An: Artificial Disc Replacement: The New Solution for Discogenic Low Back Pain? American Journal of Orthopedics, January 2005, 8-12.

Griffith, Shelokov, Buttner-Janz: A Multicenter retrospective study of the clinical results of the LINK SB Charite Intervertebral prosthesis. The Initial European Experience. Spine, 1994; 19:1842-1849.

Guyer, McAfee, Hochschuler, et al: Prospective randomized study of the Charite artificial disc: Data from two investigational centers. Spine J. 2004; 4:S252-259.

Daniel, et al: The effect of cold therapy on pain, swelling, and range of motion after ACL reconstructive surgery, Arthroscopy, 1994; 10(5):530-3.

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 13th day of October 2006

Signature of Specialty IRO Representative:

Name of Specialty IRO Representative: Wendy Perelli