


INDEPENDENT REVIEW INCORPORATED

November 13, 2006

Amended November 14, 2006

Re: **MDR #:** **M2 07 0046 01 Injured Employee:** ___
 DWC #: ___ **DOI:** ___
 IRO Cert. #: **5055** **SS#:** ___

TRANSMITTED VIA FAX TO:
TDI, Division of Workers' Compensation
Attention: ___
Medical Dispute Resolution
Fax: (512) 804-4868

RESPONDENT: **Insurance Company of Pa.**

REQUESTOR: **John Sazy, MD**

TREATING DOCTOR: **Eric Taylor, DC**

In accordance with the requirement for DWC to randomly assign cases to IROs, DWC assigned this case to IRI for an independent review. IRI has performed an independent review of the medical records to determine medical necessity. In performing this review, IRI reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the office manager of Independent Review, Inc. and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him 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 Independent Review Organization. Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is a board certified in orthopedic surgery and is currently listed on the DWC Approved Doctor List.

We are simultaneously forwarding copies of this report to all participating parties and the TDI, Division of Workers' Compensation. This decision by Independent Review, Inc. is deemed to be a DWC decision and order.

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.

P.O. Box 855
Sulphur Springs, TX 75483
903.488.2329 * 903.642.0064 (fax)

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.

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 November 13, 2006.

Sincerely,
jc
Jeff Cunningham, DC
Office Manager



**REVIEWER'S REPORT
M2 07 0046 01**

MEDICAL INFORMATION REVIEWED:

1. DWC assignment
2. Table of Disputed Services
3. Insurance company denial letters
4. Preauthorization request for reconsideration, Dr. John Sazy
5. Request for reconsideration, Dr. John Sazy, dated 07/24/06
6. Carrier's records
7. Requestor's records

BRIEF CLINICAL HISTORY:

The patient has undergone previous L4/L5 fusion with instrumentation by another surgeon because of persistent mechanical low back pain. He has been worked up and found to have facet disease above and below the level of the fusion and some compression peripheral neuropathy of some exiting nerve roots. He has failed conservative management, and Dr. Sazy recommended exploration of the L4/L5 level and extension of the fusion to the L3/L4 and L5/S1 levels with instrumentation and decompression.

DISPUTED SERVICES:

Revision of pseudoarthrosis at L4/L5 with possible extension to L3/L4 and L5/S1 with spinal monitoring and posterior spinal fusion has been denied as medically unnecessary.

DECISION:

I DISAGREE WITH THE DETERMINATION OF THE INSURANCE CARRIER IN THIS CASE.

RATIONALE OR BASIS FOR DECISION:

The patient has undergone a 1-level fusion by another surgeon who also recommended exploring the fusion in consideration of extending it. The patient is now seeing Dr. Sazy and has failed conservative measures. It would be prudent to explore the fused level of fusion at the time of surgery. Imaging studies demonstrate severe arthritis above and below the fused levels. In addition, neural compression is noted from osteophytes. The proposed procedure is medically necessary and reasonable.

SCREENING CRITERIA/TREATMENT GUIDELINES

Clinical decision-making and training in complex spinal surgery cases and revision cases as well as the Orthopedic Knowledge Update for Spine have assisted me in this decision.