


INDEPENDENT REVIEW INCORPORATED

October 16, 2006

Re: **MDR #:** **M2 07 0081 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: **Liberty Mutual Insurance**

TREATING DOCTOR: **Robert Henderson, MD**

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 the payor and the TDI, Division of Workers' Compensation. This decision by Independent Review, Inc. is deemed to be a DWC decision and order.

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

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.

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 October 16, 2006.

Sincerely,

jc

Jeff Cunningham, DC
Office Manager

**REVIEWER'S REPORT
M2 07 0081 01**

MEDICAL INFORMATION REVIEWED:

1. DWC assignment
2. Medical Dispute Resolution Request response
3. Table of Disputed Services
4. Insurance company's denial letters from Liberty Mutual
5. Carrier's records
6. Requestor's records
7. URA records

BRIEF CLINICAL HISTORY:

The impaired worker had previously undergone L3 through S1 fusion by Dr. Henderson. On ____ he fell approximately 8-10 feet off of a ladder onto his back. He went to Concentra Medical Center complaining of back pain with radiation to both legs. He was seen by Dr. Henderson in consultation and was treated conservatively. He received facet joint blocks with some temporary relief. The patient complained of back pain with negative nerve tension signs and normal neurological exam. Dr. Henderson recommended decompression at the L2/L3 level as well as posterior transverse process fusion at L2/L3 and open denervation of the facet joints.

DISPUTED SERVICES:

Posterior decompression at L2/L3, transverse process fusion at L2/L3 using structural allograft, open denervation of the facet joints at L2/L3 and Cybertech TLSO have been denied as medically unnecessary by the insurance company.

DECISION:

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

RATIONALE OR BASIS FOR DECISION:

This patient suffered another work-related injury at the level above the previous fusion, which is more prone to injury. The patient has facet arthrosis that had temporary response to facet block. Surgical decompression and fusion at this level would be appropriate for this patient to help control his pain and hopefully neurogenic symptoms.

SCREENING CRITERIA/TREATMENT GUIDELINES/PUBLICATIONS UTILIZED

OKU Spine was used to help assist in the decision process for this medical review. In addition, there was some conflicting data in the previous peer reviews that denied this surgery that also assisted in this decision. In addition, the patient's clinical response to the steroid block at that level is a good predictive test to lend credence to this physician's request for this surgical procedure.