



Specialty Independent Review Organization, Inc.

November 8, 2006

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

Patient: ____
DWC #: ____
MDR Tracking #: M2-07-0244-01
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 43 year old female injured her low back on _____. Patient slipped on a wet floor while coming out of a cooler and landed heavily on her buttock. This caused low back pain and bilateral lower extremity pain. The back pain is much worse than the leg pain. Pain is made worse with Valsalva maneuver, prolonged standing, sitting and forward bending. ADLs are affected such as cooking, mopping, and washing dishes. Pain radiates down both lower extremities with numbness and tingling over the soles of her feet.

Physical Examination: Forward bending is restricted to 30 degrees, straight leg raise causes back pain, muscle strength is 5/5, and dermatome is 5/5. Patient has mild tenderness in the lumbar spine associated with muscle spasm.

X-ray including flexion and extension studies shows no abnormal translation, but has bone on bone at L5-S1. MRI of 10/22/2005 reports a PNP at L5-S1 with decreased disc height. The PNP abuts the L5 nerve root on the right. Treatment has been with physical therapy, medications, and 3 ESIs. Treatment has failed to give the patient relief.

RECORDS REVIEWED

CompKey, Letter: Dated 12/18/2006, but is probably 9/18/2006.

Forte, Letter: 8/31/2006.

CompKey, Letter: 9/18/2006.

Records from Carrier:

Forte, Letter: 10/24/2006.

East Texas Medical Center, MRI: 10/22/2005.

R McShane DO, Report: 2/18/2006.

B MacMaster MD, Report: 10/17/2006.

Records Doctor/Facility:

R Francis MD, Reports: 8/22 and 10/17/2006.

Texas Pain Institute, Report: 8/7/2006.

REQUESTED SERVICE

The requested services include an L5-S1 laminectomy/discectomy, posterior spinal fusion at L5-S1, ICBG, pedicle screws, anterior spinal fusion at L5-S1, AOL screws, CCALIF (with three day LOS in hospital), purchase of lumbar hard brace and rental of cryotherapy unit for 10 days.

DECISION

The reviewer disagrees with the previous adverse determination.

BASIS FOR THE DECISION

This patient fell, landing on her buttocks. This would cause a compressive force through the spine. Patient has been treated conservatively with therapy, medications, and ESIs without relief. Patient's primary complaint is pain in the low back which is made worse with prolonged standing or sitting. X-rays reveal bone on bone at L5-S1 and the MRI reveals a PNP indenting the right L5 nerve root.

Patient has failed conservative care, has clinical evidence of a lesion, and imaging evidence of a lesion. This fits the criteria for surgical consideration by ACOEM.

REFERENCES

American College of Occupational and Environmental Medicine, Practice Guidelines, THE BACK, Chapter 12.

An, Howard: Principles and Techniques of Spine Surgery.

Rothman and Simeon: THE SPINE, 4th Edition.

Bono, Garfin, et al: THE SPINE.

Bradford and Zdeblick: Master's Techniques in Orthopedic Surgery, THE SPINE, 2nd Edition.

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 8th day of November 2006

Signature of Specialty IRO Representative:

Name of Specialty IRO Representative: Wendy Perelli