



Specialty Independent Review Organization, Inc.

November 20, 2006

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

Patient: ____
DWC #: ____
MDR Tracking #: M2-07-0298-01
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 45 year old male was injured on _____. He was working on lead tongs and another individual was using a sledge hammer. The sledge hammer slipped and struck the patient in both knees. Patient fell backwards onto some kind of a brace across his low back and then dropped down hard to his knees.

Patient's complaints have been to both knees and low back since the accident. Pain in the low back now radiates down both legs. Patient has been treated with medications, chiropractic treatments, and physical therapy. Physical therapy was for 12 weeks.

A psychological evaluation was carried out on 03/30/2004 and showed no mental health issues. EMG on 03/31/2004 revealed no evidence of radiculopathy. A FCE evaluation was completed on 05/24/2004 and the patient has had two physical performance examinations. On 07/06/2004, the MRI of the lumbar spine revealed a bulging disc at L5-S1 without compression of the nerve roots or fracture. A discogram on 01/26/2005 revealed an anterior and posterior fissuring at L3-4. At L5-S1 there were fissures with concordant back and right hip pain. Patient has also attended a work hardening session and continues to have low back pain radiating into both legs.

There is considerable information concerning the patient's left and right knees including surgery on the right knee.

Physical examination reveals a 5'6", 171 pound, individual. Patient can walk on toes and heels, straight leg raise positive at 60 degrees bilaterally, and straight leg raise seated is positive at 90 degrees bilaterally. Sensation to light touch was normal but there was numbness of both feet. Range of motion in all planes of the lumbar spine is restricted. Patient has continued with the same symptoms of the low back pain radiating into the buttocks bilaterally and has not improved with all of the conservative care.

RECORDS REVIEWED

Liberty Mutual, Letters: 9/7 and 9/27/2006.

Medical Review, Letters: 9/7 and 9/22/2006.

S Islam MD, Report: 8/31/2006.

MRI: 7/6/2004.

C Agostino MD, Discogram: 1/26/2005.

R Henderson MD, Reports: 3/16/2005 to 2/6/2006.

H Ratliff MD, Report: 8/18/2006.

B Hollander DC, Reports: 2/11 to 3/3/2004.

FCE: 2/18/2004.

Five inches of reports from:

W Whitt MD

E Roman MD

J McConnell MD

C Ramanathan MD

T Crane DC

L Ceraldo CRNA

S Sykes DC

D Wood DO

G Byrne MD

E Khoury MD

M Walker MD

A Bascone DO

J Key MD

C Dagostino MD

K Newton CRNA
J Lizaarribar MD
E Anderson MD
R Duke MD
B Vaughn MD
S Ellsworth MD

The above records concern primarily treatment of the patient's knees, duplicate notes, and reports.

REQUESTED SERVICE

The item in dispute is the prospective medical necessity of lumbar fusion, discectomy with bone graft at L5-S1.

DECISION

The reviewer disagrees with the previous adverse determination.

BASIS FOR THE DECISION

This 45 year old male has had low back pain for approximately six years. He has failed conservative care and has seen numerous physicians. The patient has a positive MRI, discogram, and clinical findings. Symptoms are related to the L5-S1 disc. A discectomy will cause increased instability to the patient's back, necessitating the lumbar fusion. In carrying out a lumbar fusion, a bone graft is the standard of care.

REFERENCES

ACOEEM Practice Guidelines, Chapter 12, pp 303-309.

Resnick, et al: Guidelines for the Performance of Fusion Procedures for Degenerative Disease of the Lumbar Spine,
J NeuroSurg Spine 2005, June; 2(6): 662-669.

Milliman: Inpatient and Surgical Care, Lumbar Fusion, 9th Edition.

Spitzer: Advances in Low Back Pain – Report of Quebec Task Force on Spinal Disorders.
Clinical Orthopedics and Related Research (200) November 1985; pp 266-278.

Deyo and Mirza: Trends and Variations in the Use of Spine Surgery. Clinical Orthopedics and Related Research, February 2006; 443: 139-146.

Campbell's Operative Orthopedics, 10th Edition, pp 1704-1712.

Rothman and Simeon: The Spine, 4th 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, 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.

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 20th day of November, 2006

Signature of Specialty IRO Representative:

Name of Specialty IRO Representative: Wendy Perelli