

MEDICAL REVIEW OF TEXAS

[IRO #5259]

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NOTICE OF INDEPENDENT REVIEW DETERMINATION

TDI-WC Case Number:	
MDR Tracking Number:	M2-07-0327-01
Name of Patient:	
Name of URA/Payer:	City of San Antonio
Name of Provider: (ER, Hospital, or Other Facility)	The Spine Hospital
Name of Physician: (Treating or Requesting)	Daniel Beltran, DO

December 6, 2006

An independent review of the above-referenced case has been completed by a board certified neurosurgeon. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by Texas Medical Foundation, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

Medical Review of Texas (MRT) hereby certifies that the reviewing physician is on the Division of Workers' Compensation Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to MRT.

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Notice of Independent Review Determination
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Sincerely,

Michael S. Lifshen, MD
Medical Director

cc: _____
Daniel Beltran, DO
Gerardo Zavala, MD
Division of Workers' Compensation

RE: ____

DOCUMENTS REVIEWED

1. Notification of IRO Assignment.
2. Virtually the same information from Harris and Harris, Attorneys at Law.
3. The office notes of Dr. Geraldo Zavala.
4. Discogram report from San Antonio Diagnostic Imaging, dated 5/24/06.

CLINICAL HISTORY

This 44 year-old woman was injured on _____. She was sitting on the back of a hand operated cart that moved in reverse. Her left foot was caught under the cart compressing her foot and leg and she did not become free until after the wheel had run over her foot. This accident caused her to have, obviously, left foot, knee and leg pain, but also low back pain and it is this latter symptom which continues. She has been treated with Epidural steroid injections and she has had a diagnostic discogram as well as MRI scans; there was a concern of an L4 disc herniation. The only clinical information that I have comes from her Neurosurgeon, Dr. Gerardo Zavala who has kept her off of work since he first saw her in April of 2006. She has never had any overt abnormalities on physical exam with the exception of what is described as straight leg raising sign being positive at 40 degrees and antalgic gait involving her left leg. Her imaging studies to date have apparently included an MRI scan which has shown a bulging disc and a discogram which is included in the information for my review which is not provocative and strictly diagnostic. This shows disc degeneration at L2, diffuse disc bulging at 3 and 4 as well as annular tearing and an extruded herniation at L5 with the quality of the central canal without anatomic stenosis and severe foraminal compromise bilaterally at that level Based upon her lack of improvement, Dr. Zavala is requesting a surgical procedure.

REQUESTED SERVICE(S)

L4 and L5 laminectomy and discectomy with lateral fusion at L4 and L5 with 2 day inpatient LOS.

DECISION

Denied

RE: _____

RATIONALE/BASIS FOR DECISION

There are a number of irregularities with this case. Firstly, the discogram with which Dr. Zavala is basing his decision is simply a diagnostic study. Peer review recommendations do not include diagnostic discograms. There is no provocative aspect of this; therefore that information is of little value with the exception of mentioning the herniation at L5 which apparently was also seen in the MRI scan. More importantly though is the fact that very little of this patient's remediable factors have been attended to. This is a 5 foot 3 inch woman who weighs between 206 and 209 pounds. She has lost a total of 3 pounds in the time that Dr. Zavala has seen her. Apparently her weight fluctuates within this range naturally. This is, of course, profoundly negative indicator for the success of a fusion. Further, there is really nothing on exam to confirm the diagnosis of radiculopathy aside from her straight leg raising symptoms and the pain radiating into her legs. On July 26th, Dr. Zavala discussed her treatment options, including conservative management with ESI's physical therapy, analgesics and weight loss versus surgical intervention. The surgical treatment for low back pain, is and always should be the course of last resort. In accordance with standards of care, she should not have been given the option of non surgical management versus surgical management. All of the non surgical options should have been exercised before any surgical discussion had taken place. Based upon these inadequacies, it is inappropriate to proceed on with this procedure. This is based upon the published recommendation of the ***Occupational Medicine Practice Guidelines*** as well as the ***North American Spine Society's Guidelines for Lumbar Surgery*** as well as the ***American Association of Neurological Surgeons Guidelines for Lumbar Fusions***.

Certification of Independence of Reviewer

As the reviewer of this independent review case, I do hereby certify that I have no known conflicts of interest between the 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.

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.

Chief Clerk of Proceedings
Division of Workers' Compensation
P.O. Box 17787
Austin, Texas 78744

Or fax the request to (512) 804-4011. A copy of this decision must be attached to the request.

The party appealing the decision shall deliver a copy of its written request for a hearing to the opposing party involved in the dispute.

In accordance with Rule 102.4(h), 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 this 6th day of December, 2006.

Signature of IRO Employee: _____

Printed Name of IRO Employee: Cindy Mitchell