



Specialty Independent Review Organization, Inc.

February 2, 2007

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

Patient: \_\_\_\_  
DWC #: \_\_\_\_  
MDR Tracking #: M2-07-0700-01  
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 Osteopathic Physician 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 38 year old male injured his low back on \_\_\_\_\_. Patient was operating an air hammer weighing approximately 60 pounds when he twisted and felt a pop in his low back causing immediate low back pain. Pain has progressed to numbness in the lower extremities, right greater than left.

Presently the patient has constant low back pain with numbness in the right leg more than the left. Symptoms are aggravated with standing, bending, and patient cannot lift more than 15 pounds without pain. Pain also occurs with coughing, sneezing, and straining at the stool.

Physical examination shows tenderness at the lumbosacral joint and the right sciatic notch. Range of motion is decreased. Straight leg raise is positive in the seated position at 80 degrees and in the supine position on the right, at 70 degrees. The Waddell sign is negative.

Treatment has included a lumbar laminectomy at L3-4 on 11/15/2005. This surgery gave temporary relief of the leg pain but the pain has now returned. Further treatment has included a series of ESIs, facet injection series, and therapy. The lumbar myelogram-CT Scan 04/06/2006 revealed a defect at L3-4 with a protruding disc indenting the dural sac on the right. EMG on 09/25/2006 showed no radiculopathy. The discogram 11/01/2006 showed concordant pain at L3-4.

#### RECORDS REVIEWED

Concentra, Letter: 12/13/2006.

Texas Mutual, Letter: 11/27/2006.

Records from Carrier:

Texas Mutual, Letter: 1/20/2007.

K Berliner MD, Op Note: 11/15/2005.

J Steele MD, Report: 5/3/2006.

Diagnostic CT, CT Discogram: 11/1/2006.

Records from Doctor/Facility:

K Berliner MD, Reports: 5/4/2005 through 11/1/2006.

B Trongson MD, Facet Injections: 2/8, 5/26, 6/16, 7/21/2005  
7/25/2006.

M Proler MD, EMG: 9/25/2006.

North Freeway Imaging, CT Myelogram: 9/13/2005,  
4/6/2006.

MRI: 4/1/2005.

Texas Neurodiagnostic, EMG: 3/28/2006.

Houston Injury Rehab, Reports: 4/14/2005 through 4/11/2006

Concentra, Letters: 2/8 and 2/17/2005.

#### REQUESTED SERVICE

The requested services are an anterior discectomy, ALIF, PEAK, PLF, ICBG, anterior instrumentation, pedical screws at L3/4 with 3-4 day length of hospital stay.

#### DECISION

The reviewer disagrees with the previous adverse determination.

#### BASIS FOR THE DECISION

This 38 year old injured his low back on \_\_\_\_\_. Injury resulted in a discectomy at L3-4. Following this surgery the patient had temporary relief but symptoms have returned. The

symptoms are persistent with low back pain and right leg pain. The diagnostic workup and physical findings indicate involvement with the sciatic nerve.

With a prior laminectomy at the L3-4 level, a micro-instability develops. This level is at the apex of the lumbar lordotic curve. Patient has re-herniated at this same site and this indicates the instability. Standard of care is to carry out a 360 lumbar fusion at this site to provide stability. The approval of the anterior discectomy, ALIF, and PLF at L3-4 is indicated. Because of the 360 procedure in which the abdomen is opened, the need to remain in the hospital for observation is indicated. The 3-4 day length of stay is also indicated for this surgery.

#### REFERENCES

Gunzburg & Szpalski: The Failed Spine.

Bradford & Zdeblick: Master's Techniques in Orthopedic Surgery: The Spine, 2nd Edition.

Bono, Garfin, et al: The Spine.

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 2<sup>nd</sup> day of February 2007**

**Signature of Specialty IRO Representative:**

**Name of Specialty IRO Representative: Wendy Perelli**