



Specialty Independent Review Organization, Inc.

January 30, 2007

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

Patient: \_\_\_\_  
DWC #: \_\_\_\_  
MDR Tracking #: M2-07-0723-01  
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 Orthopedic Surgery. 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 73 year old male injured his low back on \_\_\_\_ when he slipped and fell, approximately five feet from an oil rig. Patient was seen by Dr John Berry who performed a laminectomy and discectomy at L3-4 for severe spinal stenosis. This surgery gave the patient partial relief but subsequently over time his symptoms have worsened. Patient now complains of pain across the low back radiating into the right lower extremity. Symptoms are aggravated with activity.

Physical Examination reveals: Patient walks with a limp, range of motion restricted to only 30 degrees of flexion, patient unable to extend to a straight position. Straight leg raise is negative bilaterally, but there is evidence of right L4 and 5 motor weakness. Dermatome sensation is normal. There is a well healed scar in the lumbar midline area, muscle spasm bilaterally, facet tenderness, and the Fabere test causes pain in the low back on the right side.

A CT/Discography in July 2004 revealed severe spinal stenosis at L2-3 and 3-4 with a Grade I spondylolisthesis of L5 on S1. MRI of 10/10/2006 reveals multilevel degenerative changes. The EMG on the same date reveals chronic right L5 and S1 radiculopathy. Flexion extension X-rays reveal translation at the lumbosacral junction with a Grade II spondylolisthesis.

Other tests which are not relevant to this test were reviewed as follows: MRI of right shoulder, right ankle, and pelvis. Treatment has included physical therapy, medications, 3 ESIs, 3 transforaminal blocks, and SI injections.

#### RECORDS REVIEWED

Liberty Mutual, Letters: 11/29 and 12/05/2006.

Records from Doctors & Facility:

Medication Refills: 4/29/2004 through 11/09/2006.

E Benhamou MD, Prescriptions: 3/2/2004 through 11/09/2006.

WalMart Pharmacy Refills: 4/19/2005 through 5/18/2006.

E Benhamou MD, Reports: 2/16/2004 through 3/22/2006.

Detar Navarro Hospital, Brain MRI: 1/25/2006.

Records from Carrier:

Liberty Mutual, Letter: 1/15/2007.

Medical Review Institute, Reports: 11/29 and 12/04/2006.

R Francis MD, Reports: 8/26 through 11/18/2006.

E Benhamou MD, Reports: 3/6 through 6/22/2006.

A Khulifa MD, Report: 6/28/2005.

Detar Navarro Hospital, MRI, Pelvis: 12/16/2003.

Myelogram/CT: 7/28/2004.

Discogram/CT: 9/28/2004.

MRI, Lumbar: 6/30/2005.

Bone Scan: 10/9/2006.

Foundation Surgical Hospital, MRI: 10/10/2006.

M Proler MD, EMG: 10/10/2006.

#### REQUESTED SERVICE

The requested service is a laminotomy (hemilaminectomy) with decompression of nerve roots including partial facets at L4/5 and L5/S1 with one day length of stay and a pump for water circulating pad.

#### DECISION

The reviewer agrees with the previous adverse determination.

## BASIS FOR THE DECISION

This 73 year old male injured his low back over three years ago. Injury resulted in one surgery at L3-4. The patient has a progressing spondylolisthesis of L5 on S1 from a Grade I to a Grade II. The flexion extension X-rays reveal translation of the vertebrae. This demonstrates instability at the L5-S1 level. By simply removing the disc at that level, the instability would be aggravated.

The use of a water cooling device is more for patient comfort. There is no high grade scientific evidence to support the use of water cooling devices.

## REFERENCES

An, Howard: Principles and Techniques of Spine Surgery.

Rothman & Simeone: The Spine, 4th Edition.

Gunzburg & Szpalski: The Failed Spine.

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 30 day of January 2007**

**Signature of Specialty IRO Representative:**

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