SOUTHWEST MEDICAL EXAMINATION SERVICES, INC.
7502 GREENVILLE AVENUE
SUITE 600
DALLAS, TEXAS 75231
(214) 750-6110
FAX (214) 750-5825

February 6, 2007

Re:	Medical Dispute Resolution
MDR#	M2-07-0532-01
DWC#	
Injured Employee:	___
DOI:	___
SS#:	___
IRO Certificate #:	IRO5313
Name of Requestor:	Robert J. Henderson, M.D.
Name of Provider:	Robert J. Henderson, M.D.
Reviewed by:	Orthopedic Surgeon

TRANSMITTED VIA FAX TO:
Medical Dispute Resolution
TDI-Division of Workers' Compensation
FAX: 512-804-4868

Dear Dr. Henderson:

In accordance with the requirements for TDI-Division of Workers' Compensation (DWC) to randomly assign cases to IROs, DWC has assigned your case to Southwest Medical Examination Services, Inc. (SMES) for an independent review. In performing this review, SMES reviewed relevant medical records, any documents provided by the parties referenced above, and documentation and written information submitted in support of the dispute.

I am an officer of Southwest Medical Examination Services, Inc. and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is certified in the area of orthopedic surgery, and is currently listed on the DWC Approved Doctor List.

REVIEWER'S REPORT

Information Provided for Review:

Medical records from the Treating Doctor include:

- Texas Back Institute, 03/10/05, 03/25/05, 03/31/05, 04/28/05, 06/02/05, 10/27/05, 11/01/05, 12/22/05, 02/02/06, 02/13/06, 03/02/06
- Jack E. Zigler, M.D., 06/08/05, 07/27/05
- James D. Cable, M.D., 11/01/05, 12/13/05, 01/10/06, 03/14/06, 04/25/06, 05/09/06, 05/30/06, 06/06/06

Medical records from the Respondent include:

- St. Paul Travelers, 05/19/06, 08/22/06, 08/23/06, 08/24/06, 01/03/07

Medical records from the Requestor include:

- Texas Back Institute, 03/10/05, 03/25/05, 03/31/05, 04/28/05, 06/02/05, 10/27/05, 11/01/05, 12/22/05, 02/02/06, 03/02/06
- Jack E. Zigler, M.D., 06/08/05, 07/27/05
- James D. Cable, M.D., 11/01/05, 12/13/05, 01/10/06
- Stuart D. Small, M.D., 05/25/05, 11/30/05, 01/04/06
- Susan Van de Water, M.D., 09/26/05, 10/18/05, 07/13/06
- Gilbert Mayorga, Jr., M.D., 11/29/05
- Robert J. Henderson, M.D., 05/24/06, 06/21/06, 07/24/06
- Mark A. Fredrickson, M.D., 08/29/06, 09/08/06, 09/22/06
- Midland Memorial Hospital, 07/14/05, 01/24/06
- David K. Hagstrom, M.D., 06/20/06
- Abell-Hanger MRI, 04/16/05
- Abdul Kadir, M.D., 07/05/05

Clinical History:

The patient is a 35-year-old female employed by who had sudden onset of low back pain while lifting a heavy dog at work on ___. Past history noted prior spinal surgery with a right L5 laminectomy and discectomy in 2001 and had recovered from surgery until the new work injury described above. An MRI study of April 16, 2005, following the work injury in question noted post laminectomy surgical changes in association with disc desiccation change at L5 and epidural fibrosis, a post-surgical change. There was no evidence of disc protrusion noted. Neurodiagnostic studies right lower extremity of April 16, 2005, were normal. At this time, she is under the care of Robert Henderson, M.D., with Dallas Spine Care. Dr. Henderson's first evaluation of May 24, 2006, noted complaints of continuing low back pain radiating right lower extremity to the ankle.

Additional radiology reports include a CT myelogram study of July 14, 2005, noting mild disc space narrowing at L5-S1 and no additional findings beyond that of the MRI.

I am informed that flexion/extension lateral x-rays do not note instability findings.

The diagnosis is low back strain aggravating previous lumbar spine surgery, 2001, in association with aging degenerative disc disease lower lumbar spine.

Disputed Services:

Anterior discectomy, interbody fusion, interbody fixation, re-distraction of the disc space at L5-S1, posterior laminectomy, lateral mass fusion, and pedical fixation L5 to S1.

Decision:

In my opinion, the surgery proposed by Dr. Henderson consisting of anterior interbody fusion in association with posterior decompression and instrumentation is not standard of care and thus would not be causally related to the work injury of ___.

Rationale:

I say this because the prospects for improvement in this scenario – that is an injured worker with a proposed fusion without objective findings of specific pain generator has an incidence of 29% chances for a good result according to ODG Guidelines.

Furthermore, there is no evidence of instability in the lower lumbar spine noted on flexion/extension lateral x-rays.

ODG Guidelines allow for lumbar spine surgery when there is progressive radicular pain and objective findings that lead to a specific pain generator identification. That is not the case with this injured worker.

Therefore, as stated above, further surgery is not medically necessary.

This review was conducted on the basis of medical and administrative records provided with the assumption that the material is true and correct.
This decision by the reviewing physician with Southwest Medical Examination Services, Inc. is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

If you are unhappy with this decision, you may seek judicial review of the decision. (Texas Labor Code, 413.031k) To seek such an appeal, a petition for judicial review must be filed with the Travis County District Clerk's Office in Austin, Texas not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable. (Subchapter G, Chapter 2001, of the Texas Government Code) Neither the Department of Insurance nor the Division of Workers' Compensation is considered a party to the medical dispute in a judicial review. You may wish to consult with an attorney of your choice to assist you in filing an appeal. The Division of Workers' Compensation cannot assist or provide legal advice to you in this matter."

In accordance with Commission Rule 102.4(b), I hereby certify that a copy of this Independent Review Organization (IRO) decision was sent to the carrier and the requestor and claimant via facsimile or US Postal Service from the office of the IRO on this 6th day of February 2007.

Sincerely,

John Turner
Southwest Medical Examination Services, Inc.