

NOTICE OF INDEPENDENT REVIEW DECISION

April 30, 2003

RE: MDR Tracking #: M2-03-0778-01-SS
IRO Certificate #: IRO4326

The ___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ___ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a ___ physician reviewer who is board certified in orthopedic surgery which is the same specialty as the treating physician. The ___ physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to ___ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This patient sustained a work-related injury on ___ when she injured her lower back while riding in a truck that swerved and was hit by another vehicle. The patient underwent a lumbar examination of the lumbar spine and discography followed by a CT scan on 02/05/01. She underwent an Intradiscal Electrothermal Annuloplasty (IDET) procedure on 07/26/02 for an annular tear at L4-5. An MRI performed on 12/16/02 revealed mild degenerative disc disease at L5-S1, associated with mild degenerative facet arthropathy at the same level. The treating physician has recommended that the patient undergo an anterior discectomy, anterior lateral interbody fusion (ALIF), and bone graft with cages.

Requested Service(s)

Anterior discectomy, anterior lateral interbody fusion (ALIF), and bone graft with cages

Decision

It is determined that the anterior discectomy, anterior lateral interbody fusion (ALIF), and bone graft with cages are not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

This patient has persistent pain and discomfort in her lumbar spine. The CT discogram and MRI were not initially correlated. Documentation correlated these to indicate the CT discogram and the MRI both agree that the area of involvement is L5-S1. The rudimentary disc is located at S1-S2.

The medical record documentation indicates that the patient underwent an IDET at level L5-S1. An MRI revealed "mild degenerative disc changes at L5-S1 associated with mild degenerative facet arthropathy". A discogram performed on level L4-5 revealed no leakage with low back pain, as well as right leg pain. The treating physician indicates that the patient had a transitional L-5 vertebral body, however, the MRI report indicates a transitional S-1 vertebral body. Both of these studies should have been correlated prior to any type of surgical intervention. A post-discogram CT scan of the lumbar spine indicated "abnormal appearance at L5-S1 consistent with a right posterior lateral annular tear". It also noted "possible right posterolateral annular tear at L4-5 noted". These are two different areas. Even with correlation of the MRI and CT scan, there are two different disc levels, according to the MRI report of February 5, 2001. Electromyography revealed evidence of a bilateral L-5 radiculopathy.

The preoperative discography cannot be used in this case as the basis for an ALIF on this patient. The patient should undergo a repeat discography and a clear interpretation to determine at which levels procedures were performed. This would include reviewing the initial MRI, the initial discogram, the initial post-discogram CT, the fluoroscopic imaging from the IDET procedure, as well as the new discography and post-discogram CT to evaluate at which levels, if any, are the source of the patient's pain and discomfort.

Therefore, the anterior discectomy, anterior lateral interbody fusion (ALIF), and bone graft with cages are not medically necessary.

This decision by the IRO is deemed to be a TWCC decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** (10) days of your receipt of this decision (20 Tex. Admin. Code 142.5 (c)).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin Code 148.3).

This Decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin Code 102.4(h) or 102.5(d)). A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Workers' Compensation Commission, P.O. Box 40669, Austin, Texas, 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308 (t)(2)).

Sincerely,

In accordance with Commission 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 30th day of April 2003.
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