

MDR Tracking Number: M2-03-1170-01
IRO Certification# 5259

June 30, 2003

An independent review of the above-referenced case has been completed by a neurosurgeon physician. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by ___ 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

___ hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission 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 ___.

CLINICAL HISTORY

The patient is a 38 y/o male who has previously undergone a L5-S1 fusion with interbody cages in 1997 now with persistent back pain since an incident at work on ___. He has had conservative treatment consisting of physical therapy and multiple injections with little or no relief. CT myelography dated 5/14/2002 showed a pseudoarthrosis at L5-S1 and a broad based disc bulge at L4-5 with facet arthropathy superimposed upon congenital stenosis. A request for lumbar discography was denied. ___ has recommended revision surgery.

REQUESTED SERVICE (S)

Redo L5-S1 postero-lateral fusion with instrumentation, L4-5 posterior lumbar interbody fusion with instrumentation, possible iliac crest bone graft, application of external bone fusion stimulator.

DECISION

The request for instrumented lumbar fusion is recommended as a treatment option consistent with standards in spinal surgery.

RATIONALE/BASIS FOR DECISION

Pseudo-arthrosis is a well known indication for revision spinal surgery. The fusion is usually supplemented with agents or devices to promote fusion such as a bone fusion stimulator.

Adjacent level degeneration with pain is also well described in the literature after fusions at any spinal level. Standard treatment for adjacent level degeneration is extension of the fused segment.

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** (ten) calendar days of your receipt of this decision (20 Tex. Admin. Code 142.5©)

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) calendar 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 or the date of fax (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings/Appeals Clerk
Texas Workers' Compensation Commission
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 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 2nd day of July 2003.