

June 2, 2004

Re: MDR #: M2-04-0914-01-SS
IRO Certificate No.: 5055

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to ___ for an independent review. ___ has performed an independent review of the medical records to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the Secretary and General Counsel of ___ 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 care for determination prior to referral to the Independent Review Organization.

Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is Board Certified in Orthopedic and Spine Surgery and is currently listed on the TWCC Approved Doctor List.

REVIEWER'S REPORT

Information Provided for Review:

TWCC-60, Table of Disputed Services, EOB's

Information provided by Treating Doctor: office notes, operative and radiology reports.

Information provided by Respondent: correspondence.

Information provided by ___: office notes and physical therapy notes.

Clinical History:

The claimant is a 38-year-old gentleman who was injured ____. Since then, he has had repeated visits to his physician for low back pain associated with bilateral hip and leg pains. He has been treated with physical therapy and appropriate oral medications, but has persistent symptoms.

For over 6 months the patient has been treated with physical therapy and appropriate oral medications to treat his low back pain and bilateral hip and leg pain. Report of an MRI scan, dated 10/19/03, reveals disc desiccation at L4-L5 and L5-S1 and bilateral neural foraminal narrowing at L4-L5 and L5-S1. A subsequent myelogram and CT scan of the lumbar spine dated 11/19/03, which is a more sensitive study for stenosis, reveals only mild to moderate inferior recessing encroachment on the right neural foramina at L4-L5 and maintained neural foramina at L5-S1 bilaterally.

Disputed Services:

Lumbar laminectomy with fusion

Decision:

The reviewer agrees with the determination of the insurance carrier and is of the opinion that lumbar laminectomy with fusion is not medically necessary in this case.

Rationale:

Certainly it seems that the claimant has been appropriately and conservatively treated for his symptoms. Therefore, the vast majority of this patient's symptoms are probably coming from the discogenic disease evidenced on the MRI scan at L4-L5 and L5-S1 with his severe mechanical low back pain. Prior to considering fusion surgery, discography at L4-L5 and L5-S1 with control at L3-L4 and post-discographic CT is medically necessary.

We are simultaneously forwarding copies of this report to the payor and the Texas Workers' Compensation Commission. This decision by ____ is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of this 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 ten (10) days** of your receipt of this decision (28 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 twenty (20) days** of your receipt of this decision (28 Tex. Admin. Code 148.3)

This Decision is deemed received by you **five (5) days** after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5 (d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings
Texas Workers' Compensation Commission, MS-48
7551 Metro Center Dr., Ste. 100
Austin, TX 78744-1609

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.

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 June 2, 2004.