

August 12, 2005

TEXAS WORKERS COMP. COMISSION
AUSTIN, TX 78744-1609

CLAIMANT: ___

EMPLOYEE: ___

POLICY: M2-05-2136-01

CLIENT TRACKING NUMBER: M2-05-2136-01 5278

Medical Review Institute of America (MRIOA) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO). The Texas Workers Compensation Commission has assigned the above mentioned case to MRIOA for independent review in accordance with TWCC Rule 133 which provides for medical dispute resolution by an IRO.

MRIOA 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. Itemization of this information will follow.

The independent review was performed by a peer of the treating provider for this patient. The reviewer in this case is on the TWCC approved doctor list (ADL). The reviewer has signed a statement indicating they have no known conflicts of interest existing between themselves and the treating doctors/providers for the patient in question or any of the doctors/providers who reviewed the case prior to the referral to MRIOA for independent review.

Records Received:

RECORDS RECEIVED FROM THE STATE:

Notification of IRO Assignment dated 7/29/05, 14 pages

RECORDS RECEIVED FROM REQUESTOR:

IRO assignment notification dated 7/14/05, 2 pages

Spine Associates of Houston History note dated 5/21/05, 5 pages

Work Status Report dated 5/21/05, 1 page

Letter from Spine Associates to Dr. Nguyen dated 6/18/05, 1 page

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Office visit summary dated 6/18/05, 2 pages

Handwritten notes undated 1 page

Patient pain impairment 6 pages

Office record of Dr. Nguyen dated 4/11/05, 2 pages

Medical Dispute Resolution/Request/Response form 3 pages

Notice of Denial from St. Paul Travelers dated 6/28/05, 3 pages

Notice of Denial of appeal from St. Paul Travelers dated 7/6/05, 2 pages

Surgery Pre-op Admission orders dated 6/18/05, 1 page

Request for surgery from Spine Associated of Houston dated 6/28/05, 5 pages

Operative report dated 2/5/02, 2 pages

EMG/NCV dated 6/21/01, 2 pages

MRI of lumbar spine dated 8/19/00, 1 page

Office forms 5/21/05, 6/18/05, 6 pages

Summary of Treatment/Case History:

The patient is a 40-year-old female who reportedly injured her back on _____. She underwent an MRI of the lumbar spine on 08/19/00 that was positive for minimal disc bulges at levels L4-L5 and L5-S1. The patient maintained that her low back pain was unresolved, despite extensive conservative treatments. She was referred for pain management in 2002, underwent an L5-S1 facet block and reported that it almost completely relieved her low back pain for several weeks. The notes lapse until 05/21/05 when the patient was evaluated for a third time for surgical intervention, after having extensive diagnostic testing. On examination there was increased pain on extension. The 08/04 MRI was positive for disc bulges at the L4-L5 and L5-S1 levels. The physician noted her diagnosis as mediated facet joint pain at L5-S1, with discogenic pain at L5-S1. He requested another facet block, as the patient reported it helped for several weeks in the past. The physician concluded that her pain was most likely from facet morphology and that if the block did not help, then lumbar fusion would be the appropriate next step in treatment. On 06/18/05 the surgeon noted that the facet block did not help the patient's pain symptoms and requested an anterior and posterior L5-S1 fusion with instrumentation and bone graft.

Questions for Review:

1. Pre authorization request denied for posterior spinal fusion L5 - S1 ICBG pedicle screws and rods and anterior spinal fusion L5 - S1. Is proposed surgery medically necessary?

Explanation of Findings:

1. Pre authorization request denied for posterior spinal fusion L5 - S1 ICBG pedicle screws and rods and anterior spinal fusion L5 - S1. Is proposed surgery medically necessary?

The patient is over five years post lumbar injury related to lifting. She has undergone extensive diagnostic testing with a current diagnosis of facet-mediated pain and discogenic pain at level L5-S1. She has undergone extensive rehabilitation for her low back pain, without improvement. The treating physician has recommended an anterior and posterior lumbar fusion with instrumentation and bone graft of level L5-S1. According to the physician's examination notes, there was increased pain with extension but there did not appear to be any other objective physical findings of instability or

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progressive neurological deficits. The 8/04 lumbar MRI failed to document any major problems in the lumbar spine. While the physician has noted surgery as a possibility, fusion surgery for discogenic back pain alone is not predictable and has not been proven to be effective. The benefits typically do not outweigh the significant risks with this surgery and most patients do not achieve the expected level of pain relief following fusion surgery. Patients are also precluded from return to some activity after fusion surgery. Therefore, based upon the medical documentation provided, the request for the L5-S1 fusion surgery cannot be recommended as medically necessary for this patient.

Conclusion/Decision to Not Certify:

The request for anterior/posterior spinal fusion L5-S1 with pedicle screws and rods is not recommended as medically necessary.

Applicable Clinical of Scientific Criteria or Guidelines Applied in Arriving at Decision:

ACOEM Guidelines (2004) Chapter 12, page 307.

The physician providing this review is board certified in Orthopaedic Surgery. The reviewer is a member of the American Academy of Orthopaedic Surgeons, the American Medical Association, the North American Spine Society, the Pennsylvania Medical Society, the Pennsylvania Orthopaedic Society, the American Association for Hand Surgery and is certified in impairment rating evaluations through the Bureau of Worker's Compensation. The reviewer has publication experience within their field of specialty and has been in private practice since 1995.

MRIOA is forwarding this decision by mail, and in the case of time sensitive matters by facsimile, a copy of this finding to the treating provider, payor and/or URA, patient and the TWCC.

YOUR RIGHT TO REQUEST A HEARING

Either party to the 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 receiving the TWCC chief Clerk of Proceedings within ten (10) days of your receipt of this decision as per 28 Texas 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 as per Texas Admin. Code 102.4 (h) or 102.5 (d). A request for hearing should be sent to:

Chief Clerk of Proceedings / Appeals Clerk
P. O. Box 17787
Austin, TX 78744

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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

It is the policy of Medical Review Institute of America to keep the names of its reviewing physicians confidential. Accordingly, the identity of the reviewing physician will only be released as required by state or federal regulations. If release of the review to a third party, including an insured and/or provider, is necessary, all applicable state and federal regulations must be followed.

Medical Review Institute of America retains qualified independent physician reviewers and clinical advisors who perform peer case reviews as requested by MRIOA clients. These physician reviewers and clinical advisors are independent contractors who are credentialed in accordance with their particular specialties, the standards of the American Accreditation Health Care Commission (URAC), and/or other state and federal regulatory requirements.

The written opinions provided by MRIOA represent the opinions of the physician reviewers and clinical advisors who reviewed the case. These case review opinions are provided in good faith, based on the medical records and information submitted to MRIOA for review, the published scientific medical literature, and other relevant information such as that available through federal agencies, institutes and professional associations. Medical Review Institute of America assumes no liability for the opinions of its contracted physicians and/or clinician advisors. The health plan, organization or other party authorizing this case review agrees to hold MRIOA harmless for any and all claims which may arise as a result of this case review. The health plan, organization or other third party requesting or authorizing this review is responsible for policy interpretation and for the final determination made regarding coverage and/or eligibility for this case.

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cc: requestor
respondent