



Specialty Independent Review Organization, Inc.

July 31, 2006

DWC Medical Dispute Resolution
7551 Metro Center Suite 100
Austin, TX 78744

Patient: ____
DWC #: ____
MDR Tracking #: M2-06-1676-01
IRO #: 5284

Specialty IRO has been certified by the Texas Department of Insurance as an Independent Review Organization. The TDI-Division of Workers' Compensation has assigned this case to Specialty IRO for independent review in accordance with DWC Rule 133.308, which allows for medical dispute resolution by an IRO.

Specialty IRO 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.

This case was reviewed by a licensed Doctor of Osteopathy with a specialty in Orthopedics. The reviewer is on the DWC ADL. The Specialty IRO health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to Specialty IRO for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

This 43 year old female has constant numbness, pain, and paresthesia along the lower extremity to the calf. Patient injured her low back on ____ when she slipped off a ladder and landed on her buttocks. At that time she felt a tear followed by immediate pain that has remained constant and progressive. The symptoms are aggravated with extended periods of walking, sitting, standing, or laying on her left side. Pain is described as pinching.

Physical examination shows tenderness in the lumbar spine with guarded range of motion, decreased sensation in the right thigh, motor 5/5, and Patrick test positive. Straight leg raise

testing is negative. MRI on 11/22/2004 revealed moderate bilateral facet hypertrophy with mild canal stenosis at L5-S1. EMG of 04/27/2005 revealed a right tarsal tunnel syndrome, right L3-L5 radiculopathy.

The patient has been treated with physical therapy, medications, chiropractic care, lumbar facet block, and left/right facet rhizotomy at L4-5 and 5-S1. Patient also had a pain behavioral evaluation and management sessions in March 2005.

RECORDS REVIEWED

Texas Mutual, Letters: 5/25 and 6/9/2006.

Records from Carrier:

Texas Mutual, Letter: 7/18/2006.

ER, Record: 11/11/2004.

Thompson Hospital, X-ray: 11/11/2004.

MRI: 11/22/2004.

CT Scan: 1/27/2005.

A Bangale MD, Report: 1/27/2005.

Action Care, Report: 3/14/2005.

Texas NeuroDiagnostic, EMG: 4/27/2005.

R Eurrea MD, Reports: 10/25/2005 through 4/26/2004.

Records from Doctor/Facility:

R Eurrea MD, Progress Notes: 5/4/2005 through 3/31/2006.

REQUESTED SERVICE

The requested service is a lumbar decompression and fusion at L4/5 and L5/S1.

DECISION

The reviewer disagrees with the previous adverse determination.

BASIS FOR THE DECISION

This patient has had low back discomfort and right leg pain that has been treated conservatively for approximately 18 months with only temporary relief from injections. ODG indications for surgery include unilateral weakness or atrophy, not responding to conservative care, and positive imaging evidence of a lesion. This patient fits the criteria.

REFERENCES

HS An: Principles and Techniques of Spine Surgery.

Rothman & Simeon: The Spine, 4th Edition.

Bono, Garfin et al: The Spine.

ODG Guidelines, 2005.

Specialty IRO has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Specialty IRO has made no determinations regarding benefits available under the injured employee's policy. Specialty IRO believes it has made a reasonable attempt to obtain all medical records for this review and afforded the requestor, respondent and treating doctor an opportunity to provide additional information in a convenient and timely manner.

As an officer of Specialty IRO, Inc, dba Specialty IRO, I certify that the reviewing provider has no known conflicts of interest between that provider and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent, or any of the treating doctors or insurance carrier health care providers who reviewed the case for decision before referral to the IRO.

Sincerely,

Wendy Perelli, CEO

Your Right To Appeal

If you are unhappy with all or part of this decision, you have the right to appeal the decision. The decision of the Independent Review Organization is binding during the appeal process.

If you are disputing the decision (other than a spinal surgery prospective decision), the appeal must be made directly to a district court in Travis County (see Texas Labor Code §413.031). An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable. If you are disputing a spinal surgery prospective decision, a request for a hearing must be in writing and it must be received by the Division of Workers' Compensation, Chief Clerk of Proceedings, within ten (10) days of your receipt of this decision.

Sincerely,

Wendy Perelli, CEO

I hereby certify, in accordance with DWC- Rule 102.4 (h), that a copy of this Independent Review Organization decision was sent to the carrier, requestor, claimant (and/or the claimant's representative) and the Division via facsimile, U.S. Postal Service or both on this 31st day of July, 2006

Signature of Specialty IRO Representative:

Name of Specialty IRO Representative: Wendy Perelli