

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective January 1, 2002 and Commission Rule 133.305 and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(q)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$650.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The lower back surgery (laminectomy w/ decompression of nerve root, lumbar and microdissection) was found to be medically necessary. The respondent raised no other reasons for denying reimbursement for these lower back surgery charges.

This Order is hereby issued this 17th day of December 2002.

Carol R. Lawrence  
Medical Dispute Resolution Officer  
Medical Review Division

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable to date of service 7/18/01 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 17th day of December 2002.

Roy Lewis, Supervisor  
Medical Dispute Resolution  
Medical Review Division

RL/cl

December 9, 2002

David Martinez  
TWCC Medical Dispute Resolution  
4000 IH 35 South, MS 48  
Austin, TX 78704

MDR Tracking #: M5-03-0139-01  
IRO #: 5251

\_\_\_ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this 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 care rendered 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.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Medical Doctor who is both specialized and board certified in Neurosurgery. The \_\_\_ 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 \_\_\_ 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

\_\_\_ was admitted on 7/18/01 with back pain and left leg pain. He had sustained a job injury on \_\_\_ and has been unable to work since that date. He underwent treatment with medications, physical therapy and a series of three epidural steroid injections. He had complaints of pain in his back with pain radiating into the left buttock, posterior thigh, posterior calf and heel. Leg pain exceeded back pain. He was barely able to walk. \_\_\_ had an antalgic gait and the left ankle was diminished.

On 7/18/01, \_\_\_ subsequently underwent laminectomy with decompression of the nerve root, including discectomy on the left at L5-S1 and use of the operating microscope for microdissection technique for a diagnosis of herniated nucleus pulposus left L5-S1 with left S1 radiculopathy. At L5-S1 there was noted an MRI of the lumbar-sacral spine dated 7/10/01 to be an L5-S1 small to moderate sized central posterior disc herniation without compression of the S1 root sleeve. There was as well an L4-5 broad-based right posterior disc herniation predominantly subligamentous of a small to medium size compressing the right side of the thecal sac at the right L5 exit root zone. There was as well T11 and T12 degenerative disc space narrowing with chronic annular bulging and spondylosis. With regards to the lumbar spine, there was noted to be no narrowing of the spinal canal or neural foramina.

#### DISPUTED SERVICES

Under dispute is the laminectomy with decompression of nerve root, lumbar and microdissection, denied as unnecessary medical on 7/17/01.

#### DECISION

The reviewer disagrees with the prior adverse determination.

#### BASIS FOR THE DECISION

In conclusion, the reviewer finds that the lumbar decompression and microdissection which was performed on the left at the level of L5-S1 was appropriate. \_\_\_ was suffering with persistent recalcitrant incapacitating clinical left L1 radicular dysfunction as a result of is work-related injury. He had failed all reasonable conservative management. Treatment guidelines and care standards indicate that where there is a correlative L5-S1 disc herniation interpreted as an extruded disc by both the radiologist and the physicians interpreting the films clinically, in such a situation it is appropriate for the patient having failed conservative management and having a clinical syndrome which correlates with the neuroradiographic studies to have undergone L5-S1 left sided microlumbar decompression.

As an officer of \_\_\_, I certify that there is no known conflict between the reviewer, \_\_\_ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

\_\_\_ is forwarding this finding by US Postal Service to the TWCC.

Sincerely,