

MDR Tracking Number: M5-03-3408-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on August 28, 2002.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the lumbar laminectomy and fusion at L3 to S1 including hospitalization were not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Division has determined that fees of the lumbar laminectomy and fusion at L3 to S1 including hospitalization were the only fees involved in the medical dispute to be resolved. As the treatment was not found to be medically necessary, reimbursement for dates of service 09-25-02 TO 10-19-02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 1st day of December 2003.

Georgina Rodriguez
Medical Dispute Resolution Officer
Medical Review Division
GR/gr

NOTICE OF INDEPENDENT REVIEW DECISION

November 18, 2003

Rosalinda Lopez
Program Administrator
Medical Review Division
Texas Workers Compensation Commission
7551 Metro Center Drive, Suite 100, MS 48
Austin, TX 78744-1609

RE: MDR Tracking #: M5-03-3408-01
IRO Certificate #: IRO4326

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ___ for independent review in accordance with TWCC §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the rendered care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a ___ physician reviewer who is board certified in orthopedic surgery which is the same specialty as the treating physician. The ___ physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians 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 this case.

Clinical History

This patient sustained an injury on ___ when she lifted a ham and felt immediate lower back pain. She was found to have multi-level disc herniations at L3-4 to L5-S1. This patient has undergone seven lumbar spine surgeries since the initial injury.

Requested Service(s)

Admission to the hospital on 09/25/02 without pre-authorization and lumbar laminectomy and fusion at L3 to S1 including hospitalization from 10/14/02 through 10/19/02

Decision

It is determined that the admission to the hospital on 09/25/02 without pre-authorization and lumbar laminectomy and fusion at L3 to S1 including hospitalization from 10/14/02 through 10/19/02 was not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

This patient has been subjected to a number of spine surgeries with very little potential for benefit and high likelihood of complication. Without preauthorization, the brief hospitalization of 09/25/02 cannot be justified and the hospitalization of 10/14/02 through 10/19/02 and surgery is unjustifiable. It is not likely that any further surgery can be justified if the intention is to simply relieve pain. Without specific neurological deficits or proof of instability, no surgery on the lumbar spine can be justified. This patient suffers "failed back syndrome". The only medically indicated management at this time is pain control. Therefore, it is determined that the admission to the hospital on 09/25/02 without pre-authorization and lumbar laminectomy and fusion at L3 to S1 including hospitalization from 10/14/02 through 10/19/02 was not medically necessary.

Sincerely,