

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 assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 1-08-04.

The Medical Review 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 discography at L3, L4, and L5 with CT to follow, radiologic exam (lumbosacral), LO OSM, contrast material, prolonged evaluation and management, and injection procedure discography each level (lumbar) rendered on 8/29/03 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 Medical Review Division has determined that medical necessity fees were the only fees involved in the medical dispute to be resolved. As the services listed above were not found to be medically necessary, reimbursement for date of service 8/29/03 are denied and the Medical Review Division declines to issue an Order in this dispute.

This Decision is hereby issued this 1st day of June 2004.

Regina L. Cleave
Medical Dispute Resolution Officer
Medical Review Division

RLC/rlc

NOTICE OF INDEPENDENT REVIEW DECISION

Date: May 25, 2004

AMENDED DECISION

MDR Tracking #: M5-04-1257-01

IRO Certificate #: 5242

___ 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 Rule §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the proposed 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 an Orthopedic Surgeon reviewer (who is board certified in Orthopedic Surgery) who has an ADL certification. The 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

The claimant is a 26 year old male with a twisting injury at work on ___ and complains of subsequent low back pain that did not respond to conservative treatment. His neurologic examination was consistently normal. Lumbar MRI on 6/19/02 revealed minimal spinal stenosis with broad based disc bulges at L3, 4, and 5. On 8/8/03 ___ noted no neurologic deficits and full lumbar rom and ordered discography at L3, L4, and L5 with CT to follow.

Requested Service(s)

Discography at L3, L4, and L5 with CT to follow, radiologic exam, (lumbosacral 72110), LO OSM, contrast material (A4645), prolonged evaluation and management (99358), and injection procedure discography each level/lumbar (62290)

Decision

I agree with the insurance carrier that above services are not medically necessary.

Rationale/Basis for Decision

There are no physical findings that would document the necessity for the discogram or the computerized tomography. The MRI demonstrated no findings that would indicate need for the above studies. Discography has been studied extensively and there is no data to support discography as a valid diagnostic tool in the diagnosis of the cause of lower back pain. The papers presented by Carragee et al, at the NASS meetings effectively demonstrated that patients with symptoms over 6 months or with abnormal psychological testing did not have reliable results with discography. There is significant skepticism expressed by the NASS regarding the use of discography as a diagnostic tool to support either spinal fusion or IDET. (NASS is the North American Spine Society.)