

NOTICE OF INDEPENDENT REVIEW DECISION

February 14, 2001

RE: Injured Worker:
MDR Tracking #: M2-02-0399-01
IRO Certificate #:

The independent review was performed by a _____physician reviewer who is board certified in anesthesiology and pain management 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.

The _____ physician reviewer has determined that the proposed care is not medically necessary for treatment of the patient's condition. Therefore, _____agrees with the previous adverse determination. The specific reasons including the clinical basis for this determination are as follows:

This 43 year old male was injured on _____ and has sustained axial back pain. The treating physician has recommended that the patient undergo a two level Intradiscal Electro Thermal Therapy (IDET) at L2-3 and L3-4. However, there is no consensus on the level of the patient's pain generators or his pathology as seen on the various diagnostic studies (discogram, CT scan and MRI). IDET is preferred when there is provocative pain that corresponds to one lesion (disc). The medical record documentation indicates that the degree or severity of the patient's pain does not correlate with the findings on the various diagnostic studies. There is agreement among several doctors caring for this patient that fusion is not indicated. This leaves alternatives of analgesics, biofeedback and psychotherapy as possibilities. IDET is not likely to improve this patient's pain since there is no concordant pain reproduction which is limited to one level of the spine. Therefore, it is determined that the two level IDET is not medically necessary to treat this patient's condition.

This decision by the IRO is deemed to be a TWCC decision and order.

Sincerely,

Director of Medical Assessment