

April 29, 2002

Re: Medical Dispute Resolution  
MDR #: M2-02-0410-01  
IRO Certificate No.: IRO 5055

Dear

\_\_\_ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). Texas Workers' Compensation Commission Rule 133.308 "Medical Dispute Resolution by an Independent Review Organization", effective January 1, 2002, allows an injured employee, a health care provider and an insurance carrier to appeal an adverse determination by requesting an independent review by an IRO.

In accordance with the requirement for TWCC to randomly assign cases to IRO's, TWCC assigned your case to \_\_\_ for an independent review. \_\_\_ has performed an independent review of the medical records to determine medical necessity. In performing this review, \_\_\_ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

This independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is Board Certified in Anesthesiology and Pain Management.

THE REVIEWER OF THIS CASE **DISAGREES** WITH THE DETERMINATION MADE BY THE INSURANCE CARRIER ON THIS CASE.

I am the Secretary and General Counsel of \_\_\_ and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

We are forwarding herewith a copy of the referenced Medical Case Review with reviewer's name redacted. We are simultaneously forwarding copies to the patient, the payor, and the Texas Workers' Compensation Commission. This decision by \_\_\_ is deemed to be a Commission decision and order.

## YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of this decision and has a right to request a hearing. A request for hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within twenty (20) days of your receipt of this decision (28 Tex. Admin. Code 102.4(h)). A request for hearing should be sent to:

Chief Clerk of Proceedings  
Texas Workers' Compensation Commission  
P.O. Box 40669  
Austin, TX 78704-0012

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 23<sup>rd</sup> day of April, 2002.

Sincerely,

### MEDICAL CASE REVIEW

This is \_\_\_ for \_\_\_. I have reviewed the medical information forwarded to me concerning Case File #M2-02-0410-01, in the area of Pain Management. The following documents were presented and reviewed:

A. MEDICAL INFORMATION REVIEWED:

1. Request for Medical Dispute Resolution for IDET (intradiskal electrothermal therapy) at L5-S1.
2. Records from January and February 2001.
3. Records from March and April 2001.
4. Records from May and June 2001.
5. Records from July, August, September, and October 2001.
6. All the records for 2002.

B. SUMMARY OF EVENTS:

The patient is currently approximately 45 years old, with a chief complaint of low back and bilateral leg pain. It seems the patient had a prior back injury while working at \_\_\_ in \_\_\_, which was diagnosed at that time as a disk injury. He was treated conservatively and seemed to do well, and was functioning quite well for the next seven years or so.

In \_\_\_, while lifting 50-pound bags of sulfuric acid, he re-injured his back. At that time, shortly after the injury, he had an MRI which was reported as normal, and he had no radicular symptoms or signs at that time. Since then, he has had physical therapy and steroid injections of the L5-S1 interspinous ligament with short-term improvement. He has also had bracing.

He has continued, however, to have pain requiring OxyContin 20 mg twice a day, as well as supplementation with one to two Lortab 7.5 every six hours or so, producing a pain score of somewhere between 1 and 3 on a 0-10 scale. He is also on Zanaflex.

He has had a repeat MRI which was again reported as normal, earlier this year. He has continued to have pain so diskograms were recommended, which were finally approved and done at L3-4, L4-5, and L5-S1. The diskography interpretation is mixed. There was no clear indication in the report as to concordant pain production on diskography. There is a statement that the L3-4 disk did not produce any pain. The L4-5 and L5-S1 diskographies were done, and reported, "The L3-4 disk caused the patient some pain but his pain was reproduced more at the L4-5 and L5-S1 level with a small amount of leakage of the dye."

The post diskogram CT was interpreted by the radiologist as being normal except for "small focal areas of annular disruption or small annular rents suspected." No level was stated as to where these rents were seen. \_\_\_ and \_\_\_, however, find on the same post-myelogram CT a lateral rent on the left side of the L5-S1 disk. \_\_\_ thinks this patient will eventually come to diskectomy, but he believes that an IDET may delay or defer that possibility.

In my opinion, IDET is still a controversial form of therapy, with the literature sharply divided as to its long-term value. This patient's symptoms are sufficiently minor, and their findings so subtle that IDET may be the answer rather than an open diskectomy. Hopefully, IDET will not end up being a precursor to open diskectomy.

C. OPINION:

I DISAGREE WITH THE REVIEWER. I am going to authorize an IDET of the L5-S1 disk, in the hope that this will delay or defer any thoughts of an open diskectomy and produce, in this patient, some meaningful pain relief.

D. DISCLAIMER:

The opinions rendered in this case are the opinions of this evaluator. This medical evaluation has been conducted on the basis of the documentation as provided to me with the assumption that the material is true, complete and correct. If more information becomes available at a later date, then additional service, reports or consideration may be requested. Such information may or may not change the opinions rendered in this evaluation. My opinion is based on the clinical assessment from the documentation provided.

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Date: 26 April 2002