

September 3, 2002

Re: Medical Dispute Resolution  
MDR #: M2-02-0427-01  
TWCC File #:  
Injured Employee:  
DOI: SS#:  
IRO Certificate No.: I RO 5055

Dear

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

The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician Board Certified in Physical Medicine and Rehabilitation.

**The physician reviewer AGREES with the determination made by the insurance carrier in this case. The reviewer is of the opinion that IDET at L4-5 and L5-S1 is not clinically warranted in this case.**

I am the Secretary and General Counsel of Independent Review, Inc. 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 Independent Review, Inc. 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.

I

**If disputing a spinal surgery prospective decision** a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **ten (10)** days of your receipt of this decision (28 Tex. Admin. Code 142.5©).

**If disputing other prospective medical necessity (preauthorization) decisions** a request for a 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 148.3).

This Decision is deemed received by you **five (5)** days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5 (d)). A request for a 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 3rd day of September 2002.**

Sincerely,

Gilbert Prud'homme  
Secretary & General Counsel

GP:thh  
Enclosure

cc:

Texas Workers' Compensation Commission  
Attention:  
(512) 804-4871

## MEDICAL CASE REVIEW

This is \_\_\_ M.D. for Independent Review, Incorporated, 1601 Rio Grande Suite 420, Austin, Texas 78701. I have reviewed the medical information forwarded to me concerning TWCC Case File #M2-02-0427-01, in the area of Physical Medicine and Rehabilitation. The following documents were presented and reviewed.

### A. MEDICAL INFORMATION REVIEWED:

1. Request for review of denial of IDET procedure.
2. Correspondence.
3. History and physical and office notes from Dr. Brian August and Dr. Dean Smith.
4. Pre-authorization analysis from Dr. Rangaswamy and from Dr. Nottrou
5. Reports of discography.
6. Discussion of the needle EMG as noted by Dr. August.

### B. BRIEF CLINICAL HISTORY:

This is a 60 year-old lady who was doing some lifting at work and developed low back pain and pain radiating down the posterior aspect of her left leg. She has experienced numbness and tingling in a similar distribution down the posterior aspect of the left lower extremity. She was treated conservative with medications and physical therapy.

Electrodiagnostically, here was no evidence of a lower extremity neuropath process noted.

She continued to be symptomatic with medications, and Dr. August felt that the IDET procedure was indicated and made the appropriate referral. The indication for IDET was to possibly obviate the need for surgical intervention. Dr. Smith completed the evaluation and made the request for the IDET procedure.

### C. DISPUTED SERVICES

IDET (intradiscal electrothermal therapy) procedure at L4-5 and L5-S1

### D. DECISION:

I AGREE WITH THE DETERMINATION OF THE INSURANCE CARRIER IN THIS CASE.

### E. RATIONALE OR BASIS FOR DECISION:

The IDET procedure has been around for approximately four years. There are a number of studies on this procedure, none of which have sustained a true peer-reviewed double blind study for the efficacy of this procedure. The most recent

presentations at the International Spine Society had five presentations, two of which were supportive of the procedure, two of which were contrary to the procedure, one was rather equivocal. Furthermore, based on the notation in this case of leg pain, a Grade I spondylolisthesis at L5-S1, and a noncordant diskogram at the L5-S1 level, these would be exclusion criteria and per the Saal and Saal criteria noted. As a preferred inclusion criterion, there to be a normal neurological examination without lower extremity pain as a primary complaint. This is a lady who has lumbar and left extremity pain as primary complaint. A potential exclusion criterion, there is instability (e.g. spondylolisthesis); as noted above, this lady has a Grade I spondylolisthesis. As an inclusion criterion, discography performed indicates concordant pain; as noted above, there is non-concordant pain at the L5-S1 level.

Therefore, noting that the efficacy of this procedure has not been completely demonstrated and noting that there is a lack of inclusion criteria and two potential exclusion criteria as noted, this procedure is not clinically warranted at this time.

F. DISCLAIMER:

The opinions rendered in this case are the opinions of this evaluation. The medical evaluation has been conducted on the basis of the documentation and 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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M.D.

Board-Certified in Physical Medicine and Rehabilitation

Date: 27 August 2002