

NOTICE OF INDEPENDENT REVIEW DECISION

March 21, 2002

RE: Injured Worker:
MDR Tracking #: M2-02-0454-01
IRO Certificate #:

The independent review was performed by a _____ physician reviewer who is board certified in anesthesia 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 29-year-old male sustained a lower back injury in _____ 2001. Due to the complaints of lower back pain, the treating physician has recommended that the patient undergo Intradiscal Electro Thermal Therapy (IDET) at L5-S1. IDET has been shown to be effective in carefully selected patients. This patient underwent a discogram that was positive at two levels with a third as control. However, the discogram was not performed according to International Spinal Injection Society protocol. The protocol calls for provocation of pain at low pressure and low volume. There is no indication that pressure manometry was utilized during the discogram. In view of there being no pressure measurement, the medical necessity for IDET cannot be established. Therefore, it is determined that 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