

NOTICE OF INDEPENDENT REVIEW DECISION

March 6, 2002

Re: IRO Case # M2-02-0464

The case was reviewed by a physician who is Board Certified in Neurological Surgery. He or she has signed a certification statement attesting 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 referral to ____ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The ____ reviewer who reviewed this case has determined that, based on the medical records provided, the requested care is not medically necessary. Therefore, ____ agrees with the adverse determination regarding this case. The reviewer's decision and the specific reasons for it, is as follows:

I agree with the carrier's decision to deny this patient the requested lumbar discographic evaluation. The reasons for this opinion include the fact that this patient had previous discography that was totally unsuccessful in a diagnostic manner. The test requires full cooperation of the patient to determine its validity. Even with full patient cooperation, in this particular case, it would be difficult to relate any particular response to the ____ accident.

A repeat MRI of the lumbar spine may be of value for the patient, as there has been a slight change in her complaints. However, it is medically improbable that any new findings on an MRI could be related to the ____ lifting accident at work, as the previous MRI did not show anything of surgical significance.

This medical necessity decision by an Independent Review Organization related to a lumbar discogram is deemed to be a Commission decision and order.

Sincerely,

Medical Director
