

IRO Certificate No.: 4599

Re: IRO Case # M2-02-0531-01

Texas Workers' Compensation Commission:

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IRO's, TWCC assigned this case to ___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

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:

This case involves a 60-year-old male injured on ___ when he fell in association with a forklift accident and struck his head and back. The patient felt immediate pain in his lower back. The pain has been persistent despite considerable conservative measures including physical therapy and pain medication. His work up includes CT myelography, electrodiagnostic testing, MRI evaluation and discographic evaluation. Discography reports possible concordant pain produced at the L5-S1 and L4-5 levels. The MRI indicates disc height has been adequately maintained at all lumbar levels, there is no significant encroachment of neuroforamina present, and there is nothing such as disc herniation as the source of his pain.

I agree with the denial of 2-level nucleoplasty.

It has been 15 months since performance of the discogram on which the procedure is based, and the degree of concordant pain reported was apparently somewhat questionable. The degree of concordant pain should be very definite in a 60-year-old individual whose injury was five years ago before any surgical procedure should be based on that result.

A complete reevaluation of this patient's trouble probably would be proper. Nucleoplasty under the best of circumstances has reported a poor percentage of success. Under these circumstances, the procedure is not indicated.

This medical necessity decision by an Independent Review Organization 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 the decision and has a right to request a hearing.

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 **10** (ten) days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

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 **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3)

This decision is deemed received by you 5 (five) 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 Worker's Compensation Commission, P O Box 40669,
Austin, TX 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308 (t)(2)).

Sincerely,