

IRO Certificate # 4599

NOTICE OF INDEPENDENT REVIEW DECISION

June 19, 2002

Re: IRO Case # M2-02-0553-01

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:

History

This case involves a now 46-year-old male who on ___ slipped and fell on his back in syrup. He developed back pain, which extended into his lower extremities, with numbness and tingling in his lower extremities. The pain increased with lifting and bending. Chiropractic treatment was not successful, and a pain specialist was consulted. This led to epidural steroid injections. A MRI revealed degenerative disk disease at the lower three levels of the lumbar spine, with a "large" diffuse central disk herniation at L4-5. Electrodiagnostic testing on 6/4/01 indicated

bilateral L5 irritability with some chronic denervation changes at that level. On examination there was not any record of any neurological deficit to suggest radiculopathy.

Requested Service(s)

Lumbar discogram with post CT scan at levels L2-3, L3-4, L4-5, L5-S1.

Decision

I agree with the carrier's decision to deny the requested multi-level discography with CT scanning.

Rationale

The primary reason for this opinion is that examinations thus far reveal only one potential source of difficulty that could be approached by therapy such as surgery, and discography would not add to any potentially therapeutic approach. Also, there is a suggestion on some examinations that the patient's response may be only questionably valid. For example, on examination the tightest straight leg raise exceeds the sum of the sacral flexion and extensions by more than 10 degrees, and therefore, lumbar flexion and extension studies are thought invalid. It is very medically improbable that the post discogram CT scanning would give any more information than is already available from the MRI of 3/27/01. A repeat of that MRI or myelographic evaluation might be more appropriate in coming to potential therapeutic conclusions than discography

This medical necessity decision regarding the requested treatment 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)).

In accordance with Commission Rule 102.4 (b), I hereby certify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or US Postal Service from the office of the IRO on this 20th day of June 2002.