

May 31, 2002

Re: Medical Dispute Resolution  
MDR #: M2-02-0578-01-SS

IRO Certificate No.: IRO 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 Family Practice and Sports Medicine.

**THE PHYSICIAN REVIEWER OF THIS CASE AGREES WITH THE DETERMINATION MADE BY THE INSURANCE CARRIER ON 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.

**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 31st day of May, 2002.**

Sincerely,

Gilbert Prud'homme  
Secretary & General Counsel

GP:thh  
Enclosure

cc:

#### **MEDICAL CASE REVIEW**

This is for Independent Review Incorporated, 1601 Rio Grande, Suite 420, Austin, Texas 78701. I have reviewed the medical information forwarded to me concerning MDR #M2-02-0578-01, in the area of Family Practice and Sports Medicine. The following documents were presented and reviewed:

A. **MEDICAL INFORMATION REVIEWED:**

1. Notice of pre-authorization (2/25/02).
2. IDET candidacy review checklist.
3. Notice of pre-authorization (2/08/02).
4. Letter from Richard D. Roughton, D.O.
5. Summary of outcome variables from recent IDET studies by ORATEC (2/04/02 and 3/19/02).
6. Various letters of experiences from academic and clinical institutions.
7. Progress notes from Richard Roughton, D.O. (1/22/02 and 2/05/02).
8. Discogram procedure note from Richard Roughton, D.O.

9. Post-discogram CT scan reported by Crys Sory, M.D.
10. MRI of the lumbar spine reported by Bruce Cheatham, M.D.
11. Texas Workmen's Compensation Committee letter regarding Medical Dispute Resolution (4/23/02).

B. SUMMARY OF EVENTS:

The date of injury is reported to be \_\_\_\_\_. Approximately one year later, 1/22/02, the patient had assessment that she would benefit from IDET procedure. There is little information in the report given to me that shows the reason for the injury, the initial assessments, treatments, and plans. In addition, there is no interim assessment, symptomatology, treatment and plans in the information provided to me for this report.

In Dr. Roughton's letter, he commented that the following interventions were done: trigger-point injections, physical therapy, a series of lumbar epidural steroid injections, and a series of facet injections.

C. OPINION:

1. I AGREE WITH THE DETERMINATION MADE BY THE INSURANCE CARRIER IN THIS CASE.
2. To summarize the specific reasons, including the clinical basis, for the determination:

The IDET candidacy review checklist is fairly complete on what is favorable for inclusion, what is preferred for inclusion, and what is potential exclusion. There are few cautionary and exclusion criteria. Indeed, the patient meets several of the inclusionary criteria. The patient had no focal findings on physical exam and had a discogram with two levels which indicated abnormal anatomy and concordant pain. However, one of the areas needed high pressure for concordant pain. In addition, a subsequent MRI of the lumbar spine exhibited three levels of desiccation in the lumbar area. This would make her less desirable to have this procedure, based on my understanding of the IDET candidacy review checklist.

In addition, some of the various letters of experiences from the academic and clinical institutions exclude people with conflicting psychological or secondary gain such as Workmen's Compensation, since they have found that these patients may not do well with this type of procedure.

3. To summarize the description and general source of the screening criteria utilized:

Various letters from clinical and academic institutions and selected various studies regarding IDET that were included in this report (most of these studies were not random clinical trials RCT against alternative treatment). In addition, the following websites were reviewed:

www.spineuniverse.com and www.burtonreport.com. In addition my clinical experience was also used in the determination of this, as well as chapters from Health Management Guidelines and the AMA Manual.

4. To summarize the reasons for my opinions:

As discussed previously, there is no documentation of initial symptomatology, mechanism of injury, assessment and treatment plans and their effects from the onset until the request for IDET procedure to be done. It is of note that a previous denial letter of pre-authorization indicated that there was no such information to help them make a complete decision.

D. ADDITIONAL COMMENTS:

None.

E. DISCLAIMER:

The opinions rendered in this case are the opinions of this evaluator. This medical evaluation has been conducted on the basis of the documentation as 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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Date: 31 May 2002