

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

May 9, 2002

Re: IRO Case # M2-02-0615

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, Rule 133.308 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 medically necessary. Therefore, ___ disagrees with the adverse determination regarding this case. The reviewer's decision and the specific reasons for it, is as follows:

This case involves a 48-year-old male injured who injured his back ___. His symptoms persisted despite the usual measures of epidural steroids and physical therapy. In May, 2001 an anterior and posterior surgical procedure was performed at the L5-S1. Post operatively, the patient did poorly and had continued pain in the lumbar spine extending into both lower extremities.

I disagree with the denial of discographic evaluation of this patient. The reasons for this opinion are as follows. The CT scan of 3/7/02 suggested possible difficulties at L4-5. The difficulties would not be of a surgical nature, but it is possible that discography could show changes both on film and on pain response that would suggest that that level should at least be treated with IDET. In my extensive use of discography, I have found that in addition to

discogenic pain, that nerve root pain can sometimes also be evaluated. (This may relate to the pressure of discography causing bulging of the disk against a nerve root.) It would be useful to know if concordant pain is produced by disk injection if IDET is a consideration.

The patient's problem is now a long-term circumstance in which last-resort procedures are indicated despite their lower likelihood of reward than one would hope.

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,