

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

August 5, 2002

Re: IRO Case # M2-02-0731-01

Texas Worker's 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 treatment 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 45-year-old female who fell on a wet floor and developed back pain. The pain soon radiated to the lower extremities, somewhat worse on the left side. The patient was prescribed medication and put on light duty, but the pain persisted. On 1/25/01 a CT scan of the left spine strongly suggested a left L5-S1 disk herniation. Physical therapy was pursued, along with medication, without significant help. An MRI 5/16/01 showed what was described as a large central and left-sided L5-S1 disk rupture. On 1/18/02 a review led to the opinion that a significant problem was present at L5-S1, and discectomy and fusion were recommended. Discography was apparently carried out on 5/20/02 and showed concordant pain at L5-S1. Facet injections followed that test, the last injection administered on 6/26/02.

Requested Service

Lumbar discogram

Decision

I agree with the carrier's decision to deny the requested procedure.

Rationale

There was strong evidence that the patient's difficulty was secondary to trouble at the L5-S1 level. Evidence was present not only on exam, but also on CT Scanning and MRI imaging of the lumbar spine. Opinions by two examiners suggested that the discectomy with fusion would be the logical next step in treating this patient's problem. As would be expected, the discogram did not add to the patient's treatment.

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,
