

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

July 8, 2002

Re: IRO Case # M2-02-0735-01

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 63-year-old male who fell and hit his lower back on the edge of a loading dock on ___. He developed pain in his back. Initially he was prescribed medication and physical therapy. The pain persisted. An MRI on 4/15/99 showed some slight left-sided bulging, but no distinctly surgical pathology. Epidural steroid injections, a TENS unit, facet injections were ordered for pain control. Electro-diagnostic tests in early 2000 suggested L4 and L5 irritation, with possible radiculopathy bilaterally. Because of the patient's persistent discomfort, and findings on discography, an open coblation nucleoplasty at L4-5 and L5-S1 has been recommended.

Requested Service(s)

Open Coblation Nucleoplasty at L4-5 and L5-S1

Decision

I agree with the carrier's decision to deny the requested open coblation nucleoplasty at L4-5 and L5-S1.

Rationale

The discogram indicated three levels of concordant pain, which is extremely unusual, and suggests that psychological difficulties, which psychologists report are probably present, may be a factor in response to discography. Also, the patient's discomfort may well be coming from radiculopathy, as is evidenced from the electro-diagnostic testing, and nucleoplasty probably would not be of any benefit for that.

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,