

September 3, 2002

Re: Medical Dispute Resolution
MDR #: M2-02-0740-01
TWCC File #:
Injured Employee:
DOI: SS#:
IRO Certificate No.: I RO 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 Orthopedic Surgery.

The physician reviewer AGREES with the determination made by the insurance carrier in this case. The reviewer is of the opinion that a cervical discogram is not medically necessary in 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.

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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 3rd day of September 2002.

Sincerely,

Gilbert Prud'homme
Secretary & General Counsel

GP:thh
Enclosure

cc:

Texas Workers' Compensation Commission
Attention:
(512) 804-4871

MEDICAL CASE REVIEW

This is ___ M.D. for Independent Review, Incorporated, 1601 Rio Grande, Suite 420, Austin, Texas 78701. I have reviewed the medical information forwarded to me concerning TWCC Case File #M2-02-0740-01, in the area of Orthopedics. The following documents were presented and reviewed:

A. MEDICAL INFORMATION REVIEWED:

1. Physician's workup, history, and physical examinations.
2. Articles sent by Dr. Sundaresan in favor of diskogram.
3. Three x-ray reports.
4. MRI reports.
5. Myelogram reports.
6. Facet block op notes
7. Operative notes.

B. BRIEF CLINICAL HISTORY:

This is a 53 year old man who fell backward about six feet and lost consciousness. He was taken to the emergency room where x-rays showed no displaced fractures. A CAT scan of the spine was done on 6/30/00 which showed bulges at C4-C5 and HNP at C3-4. The MRI done 6/30/00 showed several-level spinal stenosis, most pronounced at C5-6 and C6-7, and edema within the cord.

The patient underwent conservative treatment. He was operated on, on 11/16/00. He did not do well, and was operated on again on 8/01/01. He did not do well, and after conservative treatment including physical therapy, time, anti-inflammatories, analgesics, and blocks, the doctor is requesting a diskogram for evaluation for possible further procedure.

C. DISPUTED SERVICE:

Diskogram.

D. DECISION:

I AGREE WITH THE DETERMINATION MADE BY THE INSURANCE CARRIER ON THIS CASE THAT THE DISKOGRAM IS NOT INDICATED.

E. RATIONALE OR BASIS FOR DECISION:

The reasons are:

1. The patient has had two surgical procedures, and the likelihood that a third surgical procedure will help him is remote.
2. Neither the MRI nor myelogram nor post-myelogram studies, the CAT scan, and x-rays show any indication for lumber diskogram.

3. Lumbar diskogram is not a proven entity. I read Dr. Sundaresan's articles from the North American Spine Society that he sent in favor of diskograms. For every positive article, I can find a negative article in another Orthopedic or Neurosurgical journal. The point is that it is an equivocal test with equivocal results.
4. The physical examination shows no indication for diskogram.

F. 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.

M.D.

Date: 29 August 2002