

NOTICE OF INDEPENDENT REVIEW DECISION

**Corrected Letter:
Note MDR Tracking Number**

June 27, 2002

RE: MDR Tracking #: M2-02-0741-01
IRO Certificate #: 4326

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ___ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a ___ physician reviewer who is board certified in orthopedic surgery which is the same specialty as the treating physician. The ___ physician reviewer has signed a certification statement stating 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 the referral to ___ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This 51 year old male sustained an on-the-job injury on ___ while lifting a heavy weight (approximately 200 lbs) and felt pain in his low back that radiated down his left thigh to his knee. The treatment plan included physical therapy, chiropractic manipulation, epidural steroid injections, facet injections and medications with minimal improvement, overall, in his condition. The attending physician recommended and ordered a discogram with CT.

Requested Service(s)

Discogram with CT

Decision

It is determined that the discogram with CT is medically necessary.

Rationale/Basis for Decision

The patient symptoms have been present for more than six (6) months and have been unresponsive to conservative treatment. The MRI of 12/01, was suggestive of single level lumbar disc abnormality. Discography does contribute to the understanding of symptomatic vs non-symptomatic disc abnormalities (Adult Spine Principles and Practice, John W. Freymoyer, et al, Lippencott-Raven , 2nd edition, 1997). Therefore, the discogram with CT is medically necessary.

This decision by the IRO is deemed to be a TWCC 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 (20 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 hearing should be sent to: Chief Clerk of Proceedings, Texas Workers' Compensation Commission, P.O. Box 40669, Austin, Texas, 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 (Commission Rule 133.308 (t)(2)).

Sincerely,