

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

July 26, 2002

Re: IRO Case # M2-02-0745-02

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, 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 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 43-year-old female who was moving ladders on ___ and started having low back pain. The pain persisted, and on occasion extended into her left lower extremity. X-rays on 8/5/01 showed osteoporosis only. An MRI report dated 12/5/01 shows L4-5 disc bulging, and also milder bulging at L5-S1. It was noted that there is no significant neurological impingement present either in the foramen or the spinal canal. The patient received epidural steroid injections on 2/8/02 and they were not helpful. Discographic evaluation has been recommended to try to reach diagnostic conclusions.

Requested Service

Lumbar discogram with CT scan

Decision

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

Rationale

The patient has a history of "manic depression, bipolar," and the proposed discographic evaluation would be "under sedation." To try to determine concordant pain under these circumstances would not be reasonable. Discography without evidence of a particular level of pathology being most likely is, under the best of circumstances, rarely rewarding diagnostically. In this case, it is especially unlikely that it would be of any benefit in coming to conclusions about the next step.

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,
