

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

September 6, 2002

Re: IRO Case # M2-02-0788-01

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, 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 53-year-old female who on ___ noticed pain in her back, which became severe the next day. An MRI showed potential problems at L4-5 and L5-S1 in the form of disk displacement with possible nerve root compression. This led to laminectomy with discectomy from the left side at the L4-5 and L5-S1 levels on 4/8/99. The patient's discomfort continued despite physical therapy and facet blocks at L3-4, L4-5 and L5-S1 on 6/7/01 and 2/14/02. A CT myelogram on 10/29/01 showed intra-arachnoid adhesions with continued nerve root compression at L4-5 and L5-S1, with the possibility of a small tumor accounting for one of

the intradural extramedullary defects. An electromyogram on 8/27/01 showed no radiculopathy, which is somewhat surprising.

Requested Service(s)

Lumbar discogram L3-4, L4-5, L5-S1 and CT scan

Decision

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

Rationale

Two of the areas proposed for discography have had surgical procedures including discectomy. Under these circumstances both the appearance of the disk and the concordant pain produced are very difficult to evaluate.

A more logical approach would be to consult with a pain specialist regarding epidural steroids and possibly even spinal cord stimulation. Re-exploration of the L3-4 and L5-S1 levels along with a look at L2-4 would also be of more value than discography in this case.

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,