

September 6, 2002

Re: Medical Dispute Resolution
MDR #: M2-02-0815-01
IRO Certificate No.: IRO 5055

Dear

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to ___ for an independent review. ___ has performed an independent review of the medical records to determine medical necessity. In performing this review, ___ 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 Orthopedics.

The physician reviewer AGREES with the determination of the insurance carrier. The reviewer is of the opinion that a LUMBAR DISCOGRAM is not medically necessary in this case.

I am the Secretary and General Counsel of ___ 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 ___ 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.

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 6th day of September 2002.

Sincerely,

MEDICAL CASE REVIEW

This is for _____. I have reviewed the medical information forwarded to me concerning TWCC Case File #M2-02-0815-01, in the area of my specialty, Orthopedics. The following documents were presented and reviewed:

A. MEDICAL INFORMATION REVIEWED:

I reviewed everything that was sent to me including:

1. Operative notes.
2. Follow-up notes.
3. Consultation notes.
4. Physical therapy notes.

B. BRIEF CLINICAL HISTORY:

The patient is a 53-year-old male who was injured on _____ in a pulling accident. He was trying to pull a valve and pulled hard, and hurt his back. There is a question of an injury on _____.

In review of the various examinations of the doctors, some show the patient neurologically intact and some show the patient with weakness in the left lower extremity and reduced ankle jerk. One shows only straight-leg raising positive on the right. Another shows that there is decreased sensation in the left leg in a stocking-glove type fashion and reflexes absent at the left knee and both ankles. In other words, the physical examinations are inconsistent.

C. DISPUTED SERVICE:

The disputed service is the lumbar discogram.

D. DECISION:

I AGREE WITH THE DETERMINATION MADE BY THE INSURANCE CARRIER IN THIS CASE, THAT IS THAT THE DISCOGRAM IS NOT MEDICALLY NECESSARY.

E. RATIONALE OR BASIS FOR DECISION:

After reading the history on this patient, I feel that any further surgery would probably not improve his pain. I feel that time will--time, rehab, exercises, and general conservative treatment. My basis for this decision comes from experience and reviewing the literature on this procedure.

F. OPINION:

Literature on this subject is conflicting. According to the American Academy of Orthopedic Surgeons 1995 Annual Meeting, discogenic low back pain improves in patients (without a psychiatric history), and these non-operative outcomes appear as good or better than surgery. To quote the 1998 American Academy of Orthopedic Surgeons Meeting, "Discography is not as reliable as previously assumed." Then, according to the American Academy of Orthopedic Surgeons 1999 Annual Meeting, "Discography is a valuable descriptive and diagnostic tool, as it may demonstrate disc pathology not seen on MRI." Given the history of this patient, I feel a lumbar discogram is not medically necessary.

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.

Date: 6 September 2002