

August 9, 2002

Re: Medical Dispute Resolution  
MDR #: M2-02-0869-01  
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 physician. Your case was reviewed by a physician reviewer who is Board Certified in Pain Management and Anesthesia.

THE PHYSICIAN REVIEWER OF YOUR CASE **AGREES** WITH THE DETERMINATION MADE BY THE UTILIZATION REVIEW AGENT ON THIS CASE. The reviewer has determined that neither a lumbar diskogram from L-3 through S-1, nor an EMG/NCV of lower extremities are medically reasonable or 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 August 9, 2002.

Sincerely,

### **MEDICAL CASE REVIEW**

This is for \_\_\_\_. I have reviewed the medical information forwarded to me concerning TWCC Case File #M2-02-0869-01, in the area of Pain Management. The following documents were presented and reviewed:

A. MEDICAL INFORMATION REVIEWED:

1. Independent Medical Examination, \_\_\_\_ (5/31/01).
2. Medical records, \_\_\_\_.
3. Medical records, \_\_\_\_.
4. Functional capacity evaluation (5/22/01).
5. Lumbar myelogram and post-myelogram CT (3/29/02).
6. Cervical myelogram and CT (7/19/01).
7. Lumbar myelogram and CT (8/28/00).
8. Cervical and lumbar spine CT scans (7/07/00).

B. BRIEF CLINICAL HISTORY:

This claimant was originally injured on \_\_\_ while throwing a bag of trash into the back of a pickup truck, straining his back. He was placed on light duty. While on light duty, he was driving a tractor and was hit by a truck from behind, causing him to move forward and backward. This allegedly caused injury of his back with delayed pain reported in the neck. This accident occurred on \_\_\_.

The claimant was allegedly diagnosed with an L4-5 disk herniation, causing him to undergo left L4-5 laminectomy and discectomy by \_\_\_. This apparently provided sufficient pain relief to allow the patient to return to work for a few years. Increased pain occurred in mid-2000, causing the claimant to stop working in June of that year.

The claimant was initially evaluated by \_\_\_, a neurosurgeon, on 6/19/00, complaining of low back pain radiating to both legs, with weakness, worse on the right, as well as neck pain radiating into both arms, worse on the right. Physical examination demonstrated no physiologic neurologic findings with hypoesthesia of the sensory exam in a non-dermatomal pattern of the left leg. \_\_\_ recommended radiologic evaluation.

On 7/07/00, cervical and lumbar CT's were performed, demonstrating diffuse C5-6 and C6-7 disk protrusions, causing moderate central canal stenosis as well as L5-S1 spondylosis, multi-level congenital stenosis of the lumbar spine, postoperative changes of the L4-5 disk, and L3-4 and L2-3 bulges again causing moderate canal stenosis.

The patient has continued follow-up treatment with \_\_\_ since then. There have been recommendations for both cervical and lumbar spine surgery, as well as several radiologic studies of both the lumbar and cervical spine.

On his most recent progress note, 5/01/02, \_\_\_ stated that the claimant had a recurrent L4-5 disk protrusion for which he was currently being evaluated for surgery. Electrophysiologic studies of the lower extremities were being ordered to determine if there was any denervation, nerve damage, or neuropathy. Apparently, \_\_\_ also ordered lumbar diskography for the L3-4, L4-5, and L5-S1 disks, which was also denied as there was "no evidence provided to establish that a lumbar fusion procedure, or consideration thereof, is necessitated." This opinion was rendered on 4/30/02.

The most recent radiologic studies were performed on 3/29/02, consisting of lumbar myelogram and CT scan. That study demonstrated bilateral L-5 spondylolysis "insufficient to produce detectable spondylolisthesis." At L4-5, which is the level of previous surgery, there was a 2.0 mm right disk protrusion with no abnormalities myelographically regarding nerve root sleeve filling. There was a moderate congenital mid-lumbar spinal stenosis which did not cause significant spinal cord compression. The facet joints were noted to be normal. All levels were noted to have ample spinal canal and neuroforaminal contours and capacity.

The most recent cervical study was a cervical myelogram with CT scan on 7/19/01 which demonstrates 1.0 mm (non-pathologic) disk protrusions at C5-6, C6-7, and C3-4. At C5-6, there is also a marginal osteophyte noted, but no abnormalities of nerve root sleeve filling. Essentially, neither of these studies demonstrates any significant pathology or necessity for surgery, in my opinion.

C. DISPUTED SERVICES:

Lumbar diskogram from L-3 through S-1, and EMG/NCV of lower extremities.

D. DECISION:

I AGREE WITH THE DETERMINATION OF THE INSURANCE CARRIER IN THIS CASE REGARDING DENIAL OF REQUESTED SERVICES.

E. RATIONALE OR BASIS FOR DECISION:

There is no evidence on lumbar myelogram of any significant disk pathology or of any nerve root impingement or compromise. All of the nerve root sleeves are seen to fill appropriately on the myelogram, indicating that there is no significant nerve root compression or impingement. The spondylolysis at L-5 was deemed insufficient to produce detectable spondylolisthesis and is, therefore, non-pathologic. The 2.0 mm disk bulge at L4-5 is not an abnormal finding following surgery on that disk, and is not a pathologic disk bulge. Essentially, no significant pathology of a surgical nature was seen on the myelogram, and, therefore, there is no medical necessity for performing three-level diskography. In fact, were diskography to be performed, it would likely be abnormal, at least at the L4-5 level since that level has previously been operated on. There is a high false-positive rate when

diskography is performed on previously operated disks. Since there is no significant pathology of the L3-4 or L5-S1 disks, it is neither medically reasonable, necessary nor indicated to perform diskography on those disks either.

Since there is no detectable nerve root compression seen on the myelogram or on the previous CT scan of the lumbar spine, there is no medical indication for performing electrodiagnostic studies (EMG/NCV) of the lower extremities. Surgery is unlikely to be of significant benefit in this patient, as there is no progressive neurologic deficit documented on physical examination, and no disk herniations causing nerve root compression in either his neck or lumbar spine.

It would not be standard of care, therefore, to perform either of the requested tests.

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.

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Date: 8 August 2002