

August 16, 2002

Re: Medical Dispute Resolution
MDR #: M2-02-0897-01
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 Physical Medicine and Rehabilitation.

THE PHYSICIAN REVIEWER OF YOUR CASE AGREES WITH THE DETERMINATION MADE BY THE UTILIZATION REVIEW AGENT ON THIS CASE. The reviewer has determined that the IDET procedure in NOT appropriate or 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 August 16, 2002.

Sincerely,

MEDICAL CASE REVIEW

This is for _____. I have reviewed the medical information forwarded to me concerning TWCC Case File #M2-02-0897-01, in the area of Physical Medicine and Rehabilitation. The following documents were presented and reviewed:

A. MEDICAL INFORMATION REVIEWED:

1. Request for review of denial of IDET.
2. Correspondence.
3. Journal articles and testimonies regarding the efficacy of IDET.
4. History and physical and office notes from the years 2000, 2001, and 2002.
5. Physical therapy notes from the year 2000, 2001, and 2002.
6. Operative reports noting the epidural steroid injections and preceding notes noting the three-level diskograms.
7. Nerve conduction evaluations completed by chiropractor, _____.
8. Radiology reports noting, at one time, disk protrusion, and another time, disk extrusion.

B. BRIEF CLINICAL HISTORY:

This is a gentleman who sustained a lumbar injury and was treated conservatively. He was worked up and noted to have two-level disk disease at L4-5 and L5-S1. There are several providers who suggested surgical intervention and several providers who suggested treatment of the disk lesions with intradiskal electrotherapy (IDET). He had undergone chiropractic evaluation and care as well as multiple physical therapy modalities. He has had a functional capacity evaluation and continues to complain of low back and leg pain.

C. DISPUTED SERVICE:

The IDET procedure.

D. DECISION:

I AGREE WITH THE DETERMINATION OF THE INSURANCE CARRIER IN THIS CASE.

E. RATIONALE OR BASIS FOR DECISION:

This procedure has been around for approximately four to five years. There is a great deal of controversy relative to the efficacy of this procedure. Even though it has been around for several years, it is still experimental in nature. There is no clear clinical peer-reviewed journal article demonstrating the efficacy of this procedure. There are multiple studies out. Most current, there were five studies presented at the international meeting approximately a year ago. Two of the articles were in favor of IDET, two of the articles were opposed to IDET, and one article was equivocal.

Clearly, beyond that, there are a number of articles and personal testimonies on both sides of the equation. Therefore, the efficacy of this procedure is clearly in doubt. There are current clinical trials being undertaken in the ___ area, and this study was a single-blind study with a sham procedure vs. actual procedure. The preliminary results are not as positive as one would hope relative to the efficacy of this procedure, that is an anecdotal presentation, and that information has not been published at this time. Additionally, multiple providers on an anecdotal basis note the efficacy rate of approximately 50% in very carefully selected individuals, and in the Worker's Compensation population the efficacy rate is well below 30%.

Beyond that, there are a number of other considerations. As noted on the MRI, there is thecal sac impingement and leg pain at the S-1 level, and that would be an eliminator, as per the Saul and Saul criteria. Additionally, as ___ noted, there was a significant consideration of failure of this procedure. Lastly, as noted on the most current MRI, there was extrusion of disk material, and that would preclude this procedure as contraindication based on data published by the Oratec Corporation. Given the current complaints of leg pain and the evidence of herniation, added to the potential lack of efficacy, this would indicate that this is not a reasonable or necessary treatment of the compensable lumbar injury.

Clearly, this is a possible tool, and there have been some successes. However, given the failure to improve, noting the marked pathology in the lumbar spine, it does not appear that this is an appropriate application of this treatment procedure in this particular case.

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: 13 August 2002