

NOTICE OF INDEPENDENT REVIEW DECISION

August 9, 2002

RE: MDR Tracking #: M2-02-0923-01
IRO Certificate #: 4326

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ___ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a ___ physician reviewer who is board certified in anesthesiology which is the same specialty as the treating physician. The ___ physician reviewer has signed a certification statement stating 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 the referral to ___ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This 33 year old female sustained a work related injury on ___ when she injured her lower back while lifting a computer. An MRI performed on 01/06/01 revealed a herniated nucleus pulposus (HNP) at L4-5 and degenerative discs at L2-3 and L3-4. The patient has undergone epidural steroid injections, two courses of physical therapy, and has been on multiple medications and has failed to have improvement in her symptoms. The treating physician is recommending that the patient undergo Intradiscal Electrothermal Therapy (IDET).

Requested Service(s)

IDET

Decision

It is determined that IDET is medically necessary to treat this patient's condition.

Rationale/Basis for Decision

IDET procedure (annuloplasty) use is growing because of the beneficial outcomes with low risk in patients who might otherwise be subjected to fusion. Current accepted guidelines are those developed by Dr. Saal (Spine 2000) and this patient meets these guidelines. The patient continues to complain of back pain despite conservative treatment for over 6 months, an MRI which failed to demonstrate a neural compression lesion in the absence of clinical signs of nerve root compression, a positive discogram, no previous spinal fusion or failed back syndrome at the level to be treated with IDET, a normal neurologic examination, negative straight leg raising and she does not have inflammatory arthritis, non-spinal conditions that could mimic lumbar pain, or medical or metabolic disorder that would preclude appropriate follow up and participation. Therefore, the IDET procedure is medically necessary.

Reference: "Saal criteria for IDET procedure" Spine 2000.

This decision by the IRO is deemed to be a TWCC 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** (10) days of your receipt of this decision (20 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 hearing should be sent to: Chief Clerk of Proceedings, Texas Workers' Compensation Commission, P.O. Box 40669, Austin, Texas, 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 (Commission Rule 133.308 (t)(2)).

Sincerely,