

November 20, 2002

Re: Medical Dispute Resolution  
MDR #: M2.02.0934.01  
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 who is Board Certified in Orthopedic Surgery.

Clinical History:

This 38-year-old male claimant was injured on \_\_\_ on his job. He had persistent low back pain, but no significant pain radiation down to the lower legs, only some pain into the medial or lateral thigh. He was treated with chiropractic treatments over a number of months, with minimal improvement. Subsequently, his surgeon has recommended endoscopic discectomy with thermal modulation.

Disputed Services:

Selective endoscopic discectomy with thermal modulation of the disc.

Decision:

The reviewer agrees with the determination of the insurance carrier. The reviewer is of the opinion that the procedure in question is not medically necessary in this case.

Rationale for Decision:

Discography is a study useful in determining which level or levels is the most likely pain generator, but is not a study to determine whether or not surgery is indicated. Non-operative treatment would be appropriate in this patient. He has no consistent history of pain radiation down the legs to suggest L-5 or S-1 nerve root irritation. His symptoms are primarily of low back pain with no definite x-ray or MRI scan findings to localize the site of his back pain.

The reviewing radiologist does not support the description of an annular tear at the L5-S1 level on the discogram. No disc herniation is noted. If present, an annular tear is an indication of disc degeneration (a condition present to some degree in most adults), and not necessarily a source of pain.

In the absence of signs or symptoms of nerve root compression and no definite x-ray or MRI findings to explain his low back pain, the reviewer does not believe that the cause of the low back pain has been adequately demonstrated. Any intervention, including intradiscal electrothermal disc destruction, is as likely to compound his problems, as it is to relieve his problems.

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 simultaneously forwarding copies of this report to 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 November 21, 2002.

Sincerely,