

August 30, 2002

Re: Medical Dispute Resolution
MDR #: M2-02-0954-01
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 Anesthesiology.

The physician reviewer AGREES with the determination made by the insurance carrier in this case. The reviewer is of the opinion that IDET (Intradiscal Electrothermal Therapy) 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 10TH day of July 2002.

Sincerely,

MEDICAL CASE REVIEW

This is for _____. I have reviewed the medical information forwarded to me concerning TWCC Case File #M2-02-0954-01, in the area of Anesthesiology. The following documents were presented and reviewed:

A. MEDICAL INFORMATION REVIEWED:

1. Request for review of denial of IDET.
2. Correspondence.
3. History and physical and office notes.
4. Operative reports.
5. Electrodiagnostic studies.
6. Radiologic reports.

B. BRIEF CLINICAL HISTORY:

The patient is a 45-year-old male, apparently injured in a work-related accident on _____. The patient underwent an L5-S1 interbody fusion in May of 2001 for increased back and right leg pain. The patient developed weakness in the toe extensors as well as the dorsiflexors of the right lower extremity prior to that procedure.

The patient continues to have back pain. The weakness is as described. A diskogram demonstrates a posterior annular tear at L4-5. An IDET at L4-5 is requested.

C. DISPUTED SERVICES:

IDET (intradiscal electrothermal therapy).

D. DECISION:

I AGREE WITH THE ___ REVIEWER'S NON-AUTHORIZATION RECOMMENDATION ON MAY 8, 2002. ADDITIONALLY, I AGREE WITH THE NON-AUTHORIZATION REVIEW BY ___ ON MAY 13, 2002.

E. RATIONALE OR BASIS FOR DECISION:

The owners and inventors of the IDET technology, Joel and Jeff Saal, have laid out indication criteria as well as providing follow-up outcome data for periods of one to two years in numbers of patients. The insurance reviewers cited above have articulated these indications. ___ note of 3/20/02 states, "This gentleman has not tried physical therapy since his last surgery." He also states, "It is difficult to evaluate whether or not his interbody fusion is solid or not; he may have a pseudoarthrosis at this level." Additionally, this patient has motor weakness of the right toe extensors and the dorsiflexors of the right foot.

These three issues are inconsistent with the Saal criteria as indications. The patient should have an effective approximate six-month trial of conservative therapy, including physical therapy, and evaluation of the role of the instability of the fusion in his pain syndrome. It is possible with the failure of conservative therapy and demonstrated stability of the fusion that IDET might be reconsidered. If so, I recommend a second and additional opinion from practitioners with extensive IDET experience to ascertain the value of IDET in less stringent criteria patients. Overall, IDET has a complication rate of approximately 1%, but serious complications including vertebral necrosis are reported. For now, there seems little to be gained from deviation from accepted indications.

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: 28 August 2002