

## NOTICE OF INDEPENDENT REVIEW DECISION

September 23, 2002

RE: MDR Tracking #: M2-02-1000-01  
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 orthopedic surgery 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 51 year old female sustained a work related injury on \_\_\_ when she fell down stairs while doing work. The patient developed low back pain, cervical pain, and left upper extremity symptoms. The patient was diagnosed with degenerative disc disease and underwent a C6-C7 discectomy and fusion in February of 2001. There are multiple lumbar disc level abnormalities revealed on the patient's MRI, however, she has no neurological deficits documented as of 04/30/02.

### Requested Service(s)

Lumbar discogram with post CT scan at L3-4, L4-5, and L5-S1.

### Decision

It is determined that the lumbar discogram with post CT scan at L3-4, L4-5, and L5-S1 is not medically necessary to treat this patient's condition.

### Rationale/Basis for Decision

This patient continues to complain of back pain. An MRI suggests that the patient has undergone a prior L4-L5 laminotomy with discectomy. Currently the patient is undergoing epidural and selective nerve root injections. There is a lack of medical record documentation to indicate that surgical intervention is being actively considered, therefore the medical necessity of a lumbar discogram with post CT scan at L3-4, L4-5, and L5-S1 is not established.

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,