

**THIS DECISION HAS BEEN APPEALED. THE  
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:**

**SOAH DOCKET NO. 453-03-1180.M2**

October 17, 2002

Re: Medical Dispute Resolution  
MDR #: M2.02.1082.01  
IRO Certificate No.: 5055

Dear

In accordance with the requirement for TWCC to randomly assign cases to IRO's. 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 Pain Management and Anesthesiology.

Clinical History:

The claimant is a male who sustained a work injury in \_\_\_ when he fell from a loading dock, herniating two disks. He had a two-level fusion. The patient has a medical history of two lumbar and one cervical spine fusions, and a history of hypertension and hepatitis C.

A myelogram of 1/25/02 demonstrated protrusion of the distal end of a pedicle screw at the level of L-5 into the intervertebral disk space of L4-5. No mention is made of whether the screw contacted any neural tissue. Mild stenosis was noted at L4-5 with no gross evidence of intrathecal or extrathecal filling defects. The nerve roots and nerve root sleeves filled symmetrically bilaterally. Post-myelogram CT scan demonstrated a congenital small spinal canal with ligamentum hypertrophy, causing no significant central canal or neuroforaminal stenosis at L3-4. At L4-5, a congenitally small spinal canal was also noted, with ligamentum flavum hypertrophy, again causing no significant central canal or neuroforaminal canal stenosis. At L5-S-1, the artifact from the threaded cages made examination of the area "virtually non-diagnostic."

X-rays of the lumbar spine on 10/18/01 demonstrated interbody fusion at L5-S1 with mild disk height loss at L4-5. On 6/28/02 no physical examination evidence

of abnormality is documented. Sensory and motor exam is documented as within normal limits with no other abnormalities noted.

Disputed Services:

Lumbar discogram with CT scan and EMG/NCV of the lower extremities.

Decision:

The reviewer agrees with the determination of the insurance carrier. The reviewer is of the opinion that a lumbar discogram with CT scan and EMG/NCV of the lower extremities is not indicated or medically necessary in this case.

Rationale for Decision:

The myelogram and post-myelogram CT follow-through demonstrated no radiologic abnormalities, no nerve root impingement and no significant spinal stenosis. There is no evidence of pathology on either of those studies. The claimant's physical complaints are not well documented, other than perhaps what appears to be coccyx pain. The CT scan states that there is no evidence of significant disk bulge, disk protrusion, or disk pathology at L3-4, and only a mild diffuse disk bulge at L4-5. The EMG and nerve conduction study is not justifiable based on the documentation provided. There is, therefore, no clear indication for surgery and, therefore, no medical necessity or indication for lumbar discography to test disks that do not appear to have evidence of pathology on the objective testing performed.

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 October 17, 2002.

Sincerely,