

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

October 11, 2002

Re: IRO Case # M2-02-1113-01

Texas Worker's Compensation Commission:

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IRO's, TWCC assigned this case to ___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Neurological Surgery. He or she has signed a certification statement attesting 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 referral to ___ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the ___ reviewer who reviewed this case, based on the medical records provided, is as follows:

History

This case involves a now 46-year old male who in ___ developed back pain while pulling drums on a dock. He has not been helped by physical therapy or injections. In general the records provided are inadequate in that dates conflict with each other and no reason is supplied for changing from a recommendation of discography to one of MRI and EMG. An MRI showed severe degenerative disk disease at L3-4, L4-5 and L5-S1, with the primary area of concern L5-S1. Discographic evaluation showed concordant pain and significant disk disease at those levels. IDET and a fusion at L5-S1 were performed. The patient apparently still has a great deal of lower back pain, and the source is thought to be discogenic in origin, in the lumbar spine.

Requested Service

Discogram, MRI of the Lumbar Spine with and without contrast, EMG/NCV

Decision

I agree with the carrier's decision to deny the requested discogram, and the MRI with enhancement. I disagree with the decision to deny the MRI without enhancement and the EMG/NCV.

Rationale

Discographic evaluation is not very satisfactory in coming to conclusions, especially when previous intra discal procedures have been pursued.

The patient's persistent lower extremity difficulty may be evaluated by way of electrodiagnostic testing because of the possibility of finding evidence of nerve root compression. That compression may be better outlined as to its source by the fresh MRI. Flexion and extension views of the lumbar spine would also be helpful.

This medical necessity decision by an Independent Review Organization 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 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** (ten) days of your receipt of this decision (28 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 a hearing should be sent to:
Chief Clerk of Proceedings, Texas Worker's Compensation Commission, P O Box 40669,
Austin, TX 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing this 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,