

November 6, 2002

Re: Medical Dispute Resolution
MDR #: M2.02.1174.01
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 Pain Management and Anesthesiology.

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.

Clinical History:

This male claimant was injured on his job on ____. No details were provided regarding the specifics of that injury. An MRI demonstrated a broad-based disc bulge at L3-4 and L4-5, with a lesser-based bulge at L5-S1. Short pedicles were noted at multiple levels with lateral recess stenosis. A transforaminal epidural steroid injection with administration of hypertonic saline at the L-4, L-5 and S-1 level was performed. The patient was next seen on 08/29/01 and 10/10/01, reporting "notable improvement".

Three months later the patient complained of bilateral lower back pain without return of leg pain. Four-level lumbar discography was performed with every disc reproducing concordant pain to some degree despite the appearance of a normal disc at the L2-3 level. Based on these results, a three-level IDET (annuloplasty) procedure was recommended.

From 01/23/02 through 07/31/02, the patient complained of worsening lumbar pain radiating into the legs.

Disputed Services:

Percutaneous annuloplasty, L3-4, L4-5 and L5-S1 with radiofrequency.

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:

The results of the discogram, as well as the patient's symptoms of lumbar and leg pain, exclude the claimant from consideration for radiofrequency annuloplasty (IDET). The patient's discogram demonstrated a concordant pain response at the L2-3 disc, which is an absolute contraindication for performance of either IDET or any invasive procedure based on the discogram.

The "inventors" of this procedure, Drs. Saal and Saal, clearly recommend against performing three-level IDET procedures in patients based on extremely poor short- and long-term results.

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 6, 2002.

Sincerely,