

October 31, 2002

Re: Medical Dispute Resolution  
MDR #: M2.02.1188.01  
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 Pain Management.

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:

The patient suffered an apparent back injury on \_\_\_. He presently has lumbar back pain associated with right leg pain and "numbness and tingling". The Neuro exam is noted to be "no sensory or motor deficit". An MRI from 12/10/01 demonstrates disk herniation with spinal stenosis at L4-5. A discogram from 7/09/02 demonstrates herniation at L4-5 and concordant back pain at L5-S1 with injection.

DISPUTED SERVICE:

Intradiskal electrothermal therapy (IDET) at the L5-S1 level.

DECISION:

The reviewer agrees with the determination of the insurance carrier. Intradiskal electrothermal therapy (IDET) is not medically necessary.

RATIONALE:

The submitted documents do not contain sufficient information to determine whether the patient might benefit from IDET. The Saal and Saal criteria for performing the procedure are the benchmark. Deviation from these criteria is not justified by the available literature.

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 31, 2002.

Sincerely,