

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

October 24, 2002

Re: IRO Case # M2-02-1191-01

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 IROs, 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

The patient is a now 65-year-old male who in ___ was lifting 60-70 pounds and developed back pain. The pain persisted despite epidural steroid injections, physical therapy and various medications. A 1/12/99 discogram showed L3-4 and L5-S1 difficulties, and in March 1999 a surgical procedure was performed at the lower three levels of the lumbar spine, with disk removal at the L3-4 and L5-S1 levels. The patient gradually improved. But pain persisted in his low back. The pain was treated with epidural steroid injections, physical therapy and medications. An MRI on 7/5/02 showed significant, possibly pain producing facet changes at the lower three levels bilaterally.

Requested Service

Discogram of the lumbar spine, Lumbar facet injections

Decision

I disagree with the carrier's decision to deny the requested facet injections at the lower three levels of the lumbar spine bilaterally.

I agree with the carrier's decision to deny the requested discographic evaluation.

Rationale

The last MRI indicated that significant facet change was present at the lower three levels of the lumbar spine. Therefore the patient could be helped by the injections.

I agree with the denial of the discogram because with the surgical procedures previously performed on the patient and the previous discogram, it is very unlikely that any pain produced or changes present on x-ray will be of any benefit in determining therapeutic approaches.

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,