

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

October 1, 2002

Re: IRO Case # M2-02-1192-01

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 middle-aged female who was injured and developed back pain in ___.

This led to a lumbar fusion at L4-5 and L5-S1. A similar procedure was later performed at L3-4. The surgery relieved pain; after one of the procedures the pain was relieved for about two years. Then pain continued and persisted despite physical therapy, various injections and chiropractic care. A report of a CT scan of the lumbar spine on 5/3/02 mentioned facet changes at L2-3, with some general features of degenerative disk disease, along with fusions being present at the lower three lumbar levels.

Requested Service

Lumbar Discogram, which will include the L2-3 level

Decision

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

Rationale

The facet injections of 8/14 and 8/21 relieved the patient's discomfort by only 30% and 50%. Therefore, it would appear that another pain generator is present. The area of pain generation may be the L2-3 disk, just as the L3-4 disk that was dealt with by fusion had previously been a pain generator. As was previously the case, the level above the patient's fusion may be responsible for her discomfort. A discogram may be helpful in coming to conclusions and therapeutic recommendations.

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,