

NOTICE OF INDEPENDENT REVIEW DECISION

December 31, 2002

RE: MDR Tracking #: M2-02-1193-01
IRO Certificate #: IRO 4326

The ___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ___ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a ___ physician reviewer who is board certified in orthopedic surgery which is the same specialty as the treating physician. The ___ physician reviewer has signed a certification statement stating 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 the referral to ___ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This 45 year old male sustained a work-related injury to his back on ___ when he slipped and fell onto a concrete floor. He has complained of low back pain since that time. The clinical and diagnostic work-up revealed multi-level internal disc disruption with annular tearing at L4-5 and L5-S1 and internal disc disruption at L3-4. The patient continues to have back pain despite conservative treatment, which has included physical therapy, chiropractic care and epidural steroid injections. The attending physician has recommended intradiscal electrothermal therapy (IDET).

Requested Service(s)

IDET

Decision

It has been determined that IDET is medically necessary.

Rationale/Basis for Decision

This 45 year old male sustained a work related back injury on ___ when he slipped and fell on a concrete floor. MRI of the lumbar spine revealed abnormal intervetebral discs at L3, L4-5 and L5-S1. Lumbar discography demonstrated abnormal morphology

and concordant pain reproduction at L3, L4-5, and L5-S1. His neurological status is intact. He continues to have pain despite extensive conservative treatment. The case is well documented and the patient meets the inclusion criteria stated in the definitive article on this subject (Saal, J. A., and Saal, J. S., Spine Vol. 27, No. 9, pp 966-974, 2002). Numerous studies have shown favorable results in approximately 70 % of cases. Although these results are preliminary and there are no long-term follow-up studies, the device is approved by the Federal Drug Administration as reasonably effective for use in appropriate cases such as this. Therefore, IDET is medically necessary.

This decision by the IRO is deemed to be a TWCC 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** (10) days of your receipt of this decision (20 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 hearing should be sent to: Chief Clerk of Proceedings, Texas Workers' Compensation Commission, P.O. Box 40669, Austin, Texas, 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 (Commission Rule 133.308 (t)(2)).

Sincerely,

cc: Rosalinda Lopez, Program Administrator, Medical Review Division, TWCC

In accordance with Commission Rule 102.4 (h), 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 this 31st day of December 2002.
