

March 11, 2003

Re: Medical Dispute Resolution
MDR #: M2-03-0018-01
IRO Certificate No.: 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.

Clinical History:

This male claimant suffered severe pain radiating bilaterally into his legs following an on-the-job injury on ____. Physical therapy was initially effective, but the claimant continued having intermittent attacks of pain with increasing frequency until the pain has fully returned. An MRI demonstrated a small disc bulge at L4-5 and disc herniation at L5-S1. The patient did not get sufficient relief from three lumbar epidural steroid injections and continued to complain of lumbar and left leg pain.

On 10/25/01, the patient was diagnosed with L5-S1 discogenic pain and lumbar discography was recommended for further evaluation of his spinal anatomy. A four-level lumbar discography with CT scan on 12/04/01 demonstrated a normal-appearing disc at L2-3 with no pain. At L3-4, L4-5, and L5-S1, disc degeneration and annular tears were noted, with concordant pain response at all three levels. The physician recommended performing nucleoplasty at L3-4 and L4-5, noting the discogram report of painful discs from L3-4 through L5-S1.

Disputed Services:

Nucleoplasty.

Decision:

The reviewer agrees with the determination of the insurance carrier. The reviewer is of the opinion that nucleoplasty is not medically necessary in this case.

Rationale for Decision:

Although nucleoplasty is indicated for treatment of low back and leg pain, it is indicated for the treatment of those symptoms that are due to contained disc herniations only. Each of the three lower discs in the lumbar spine are producing concordant pain with annular tears noted at L-4 and L5-S1, with a diffuse degenerative pattern noted on the L3-4 discogram. Nucleoplasty is not indicated for the treatment of annular tears, nor is it medically reasonable or necessary to perform nucleoplasty when the discogram demonstrates three levels of concordant disc pain.

Because of the discogram and CT findings demonstrating three-level pain concordancy, and the lack of evidence of contained disc herniation at any of the three painful levels, nucleoplasty is not the appropriate or indicated medical procedure for this patient.

The accepted standards for determining candidacy for nucleoplasty are well published in multiple studies, and form the basis for this opinion.

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 care 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.

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 March 11, 2003.

Sincerely,