

NOTICE OF INDEPENDENT REVIEW DECISION

October 9, 2002

RE: MDR Tracking #: M2-03-0021-01
IRO Certificate #: 4326

___ 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 anesthesiology 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 35 year old female sustained a work related injury on ___ when she slipped on a wet floor and landed on her left side. The patient was evaluated by a chiropractor and found to have numerous complaints including neck pain, low back pain, bilateral upper extremity pain, and bilateral lower extremity pain. MRIs of the cervical and lumbar spine revealed some mild degenerative disc disease in the cervical spine at C6-7 and in the lumbar spine at L5-S1. The patient continues to complain of pain despite conservative treatment and the treating physician has recommended that the patient undergo a lumbar discogram with CT scan.

Requested Service(s)

Lumbar discogram with CT scan

Decision

It is determined that the lumbar discogram with CT scan is medically necessary to treat this patient's condition.

Rationale/Basis for Decision

This patient has had pain for 15 months despite rehabilitation, non-steroidal anti-inflammatory drugs, and epidural steroid injections. The patient remains in pain and has shown no improvement after 3-4 months of therapy. The medical record documentation indicates that the patient would benefit from a further work up and possible treatment with a surgical procedure. A discogram with CT scan would be an appropriate part of this patient's work up. Results of the discogram with CT scan can identify patients who are candidates for surgery as well as patients who are not candidates for surgery so that further surgical or procedurally oriented treatments may be modified. The CT portion of the discogram with CT scan is medically indicated as the CT scan has been shown to increase the specificity of the discogram and to better identify bone spurs not seen on MRI as referenced in "CT/discography in low back pain disorders", Spine 12:287-294, 1987. Therefore, it is determined that the lumbar discogram with CT scan 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,