IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

October 28, 2002

Re: IRO Case # M2-03-0120-01

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 40-year-old male who was injured in a motor vehicle accident on ___. He first sought medical attention on 10/11/01, when he complained of back pain with left lower extremity pain. Straight leg raising was positive, but there was no neurologic deficit. An MRI 12/18/01 showed no surgically significant pathology. Epidural steroid injections in January, 2002 had good results and the patient returned to work. Recurrent discomfort led to repeat epidural steroid injections in May, 2002, but in October, 2002 the patient was continuing to have back pain with left lower extremity pain. It was noted on the MRI of 12/18/01 that there was what was described as an anterior subligamentous herniation at L5-S1, but not to a degree that would make surgery a consideration at that time.

Requested Service
Discogram at L4-5 and L5-S1 under fluoroscopy with post CT scan.

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

Rationale
The MRI as described above may well have changed its appearance in the almost one year since it was done. A repeat MRI may be of more benefit in reaching therapeutic conclusions than discography. In addition, the patient has apparent radiculopathy and that is extremely difficult to evaluate with discographic evaluation. Other considerations from a diagnostic standpoint would be a CT myelogram of the lumber spine, which is often beneficial in reaching conclusions regarding therapeutic meausres. Nothing in any of the reports presented for this review indicates what discographic result would lead to what therapeutic measure. A major operative procedure on the lumbar spine is not indicated secondary to discographic abnormalities alone.

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,