

November 7, 2002

David Martinez  
TWCC Medical Dispute Resolution  
4000 IH 35 South, MS 48  
Austin, TX 78704

MDR Tracking #: M2-03-0181-01  
IRO #: 5251

\_\_\_ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this 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, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed MD who is specialized and board certified in Neurosurgery. The \_\_\_ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors 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 the dispute.

#### CLINICAL HISTORY

This is a 25-year-old male with a history dating back to \_\_\_ of a low back injury. He was seen for the diagnosis of a contained disc herniation L5-S1 with discogenic pain. In the past, it was requested that a discogram be performed. In August of 2002 a discogram is still being requested, though it had been denied in the past. According to the chart, he has chronic low back pain now after an injury. MRI's demonstrate an annular tear and degeneration at L5-S1. He was on light duty but his pain is more persistent. That is consistent with the MRIs seen by the reviewer. Notes show a high intensity zone, a central focal disc protrusion, for which a discogram had been recommended.

#### REQUESTED SERVICE

A lumbar discogram with CT Scan is requested for \_\_\_.

## DECISION

The reviewer disagrees with the prior adverse determination.

### BASIS FOR THE DECISION

The \_\_\_ reviewer believes that the patient should undergo the discography with CT Scan. This is a good method of determining whether the pain is indeed originating from the disc, and whether any further intervention should be considered. Current literature, including the spine articles listed below, are consistent with the opinion that discography, done properly, can isolate and identify discogenic pain.

- 1. Endplate Degeneration Observed on Magnetic Resonance Imaging of the Lumbar Spine: Correlation with Pain Provocation and Disc Changes Observed on Computed Tomography Diskography**  
Spine 27(20):2274-2278  
*Salla-Maarit Kokkonen, MD\*; Mauno Kuranlahti, MD\*; Osmo Tervonen, MD, PhD\*; Eero Ilkko, MD, PhD\*; Heikki VanHaranta, MD, PhD*
- 2. Provocative Discography in Patients After Limited Lumbar Discectomy: A Controlled, Randomized Study of Pain Response in Symptomatic and Asymptomatic Subjects**  
Spine 25(23):3065-3071  
*Eugene J Carragee, MD; Yung Chen, MD; Cary M. Tanner, MD; Thao Truong, BS; Eunice Lau, MD; Jorge L. Brito, MD*
- 3. Can Discography Cause Long-term Back Symptoms in Previously Asymptomatic Subjects?**  
Spine 25(14):1803-1808  
*Eugene J Carragee, MD; Yung Chen, MD; Cary M. Tanner, MD; Chris Hayward, MD; Michael Rossi, MD; Chad Hagle, BS*
- 4. False-Positive Findings on Lumbar Discography Reliability of Subjective Concordance Assessment During Provocative Disc Injection**  
Spine 24(23):2542  
*Eugene J Carragee, MD; Cary M. Tanner, MD; Thao Truong, BS; Benjamin Yahn, BS; MD; Jorge L. Brito, MD*

As an officer of \_\_\_\_, I certify that there is no known conflict between the reviewer, \_\_\_\_ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

\_\_\_\_ is forwarding by mail and, in the case of time sensitive matters by facsimile, a copy of this finding to the treating doctor, payor and/or URA, patient and the TWCC.

Sincerely,

### **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.

In the case of prospective *spinal surgery* decision, a request for a hearing must be made in writing and it must be received by the TWCC Chief Clerk of Proceedings within 10 days of your receipt of this decision. (20 Tex. Admin. Code 142.5(c)).

In the case of other *prospective (preauthorization) medical necessity* disputes 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, per TWCC rule 133.308(t)(2).