

November 22, 2002

Re: Medical Dispute Resolution  
MDR #: M2.03.0219.01  
IRO Certificate No.: IRO 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 Orthopedics and Spinal Surgery.

Clinical History:

This 49-year-old male claimant was injured on his job on \_\_\_\_. Evaluation has revealed persistent back pain and left-sided leg pain. Further workup also revealed the left extensor hallucis longus that is weak.

An MRI after the injury revealed protrusions at L1-2, L2-3, L3-4 and L5-S1 and an L4-5 right-sided scar and herniated disc. An EMG/NCV in October 2001, revealed chronic left-sided L-5 and S-1 irritation, radiculopathy, along with early diabetic neuropathy.

Disputed Services:

Lumbar discogram with post-discogram CT at L1-2, L2-3, L3-4, L4-5 and L5-S1.

Decision:

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

Rationale for Decision:

In this 49-year-old male with repeat back injury, MRI after the injury revealed protrusions at L1-2, L2-3, L3-4, and L5-S1 and an L4-5 right-sided scar and herniated disc. EMG/NCV in October 2001 revealed chronic left-sided L-5 and S-1 irritation, radiculopathy, along with early diabetic neuropathy. Prior discography in March

2000 revealed annular tears present at L2-3, L3-4, L4-5, and L5-S1.

Based on this knowledge, the reviewer sees no useful information that repeat discography at multiple levels could provide. MRI scan from 08/14/01 does reveal neuroforaminal narrowing at L5-S1 on the left. Further workup essentially with diagnostic and therapeutic nerve root blocks on the left L-5 nerve root has not been performed, and proceeding with multiple-level discograms serves no useful purpose.

I am the Secretary and General Counsel of \_\_\_ and 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 on November 22, 2002.

Sincerely,