

November 26, 2002

## NOTICE OF INDEPENDENT REVIEW DECISION

**RE: MDR Tracking #: M2-03-0229-01**

\_\_\_ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). \_\_\_ IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to \_\_\_ for independent review in accordance with this Rule.

\_\_\_ has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing physician on \_\_\_ external review panel. This physician is board certified in orthopedic surgery. \_\_\_ physician reviewer signed a statement certifying that no known conflicts of interest exist between this physician and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to \_\_\_ for independent review. In addition, \_\_\_ physician reviewer certified that the review was performed without bias for or against any party in this case.

### Clinical History

This case concerns a 50 year-old female who sustained a work related injury to low back, right hip and right knee on \_\_\_. On 8/9/01, she consulted an orthopedic surgeon due to persistent symptoms. Treatment has included 3 epidural steroid injections, medications and work-conditioning. A MRI of the lumbar spine performed on 9/6/01 revealed L4/5 desiccation. A CT myelogram performed on 9/6/01 showed a slight bulge at L4/5 to the left with minimal impingement of the nerve root. The results from the EMG were consistent with right lumbar radiculopathy. Her history includes left-sided leg weakness.

### Requested Services

Lumbar Discogram with CT Scan

### Decision

The Carrier's denial of authorization and coverage for the requested services is upheld.

### Rationale/Basis for Decision

\_\_\_ physician reviewer indicated that the patient has been diagnosed with a herniated lumbar nucleus pulposus, lumbar facet syndrome and lumbar radiculopathy. \_\_\_ physician reviewer noted that the member's orthopedic surgeon is concerned about the potential for discogenic pain and has recommended a CT discogram of the lumbar spine to delineate her pain generator and determine whether she is a candidate for surgery. \_\_\_ physician reviewer explained that discograms document "leaking discs" and that while performing a discogram, the examiner also

looks for concordant pain. However, \_\_\_ physician reviewer explained that in a 50 year-old patient, one would expect to find leaking of the dye during a discogram through the annulus fibrosis at various levels. Therefore, \_\_\_ physician consultant indicated that interpretation of leaking discs in such a patient would not provide useful diagnostic information. Further, \_\_\_ physician consultant explained that positive concordant pain is difficult to interpret and that the literature reports a fairly high percentage of false positive results. Therefore, \_\_\_ physician reviewer concluded that a discogram would not provide useful diagnostic information regarding this patient's back condition and is not medically necessary for diagnosis and treatment of her condition.

This decision 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 (ten)** 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 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. (Commission Rule 133.308(t)(2)).

Sincerely,