

**THIS DECISION HAS BEEN APPEALED. THE
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:**

SOAH DOCKET NO. 453-03-2170.M2

December 20, 2002

Re: Medical Dispute Resolution
MDR #: M2-03-0274-01
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 Anesthesia and Pain Management.

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 case 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.

Clinical History:

This 45-year-old female was evaluated and found to have a lumbar strain and possible discogenic pain following an injury on ____. She had minimal improvement from subsequent physical therapy and a series of epidural steroid injections.

Disputed Services:

Lumbar discogram.

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:

At this point in treatment a discogram would be somewhat premature. The x-rays on 06/28/01 show normal lordotic curvature in the lumbar spine. The intervertebral disc spaces were maintained, and the bodies had a normal height. The pedicles were intact, and there was not evidence of fracture or other obvious lesions. The impression was that of a normal lumbosacral spine.

The MRI on 07/19/01 showed normal lumbar alignment and no spondylolysis. The conus medullaris was normal, and the bone marrow signals and paraspinal soft tissues were unremarkable. At L5-S1, there was minimal disc bulging and partial disc desiccation. No associated canal stenosis or nerve root impingement was noted. The impression was that at L5-S1 there were minimal degenerative disc changes including a slight bulge but no associated canal stenosis or nerve root impingement. The remaining levels were interpreted as normal.

On some examinations there was reference to tenderness in the lower lumbar spine on deep palpation. The record does not indicate that the pelvis, in particular the sacroiliac joint, iliolumbar ligament area, and associated structures were adequately evaluated and to proceed directly to a discogram at this point would be premature.

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 December 20, 2002.

Sincerely,