

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

March 7, 2003

Re: IRO Case # M2-03-0341

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 42-year-old male who in ___ slipped while carrying a 100 pound pipe in mud and developed back pain. Additionally he developed left lower extremity discomfort when he was bending with a drill a couple of weeks later. It was reported that the patient has tenderness in his spine, with straight leg raising positive bilaterally, but worse on the left side. An MRI 4/4/02 shows a midline L5-S1 disk herniation which is of possible surgical significance. As of 11/12/02 the patient to have back pain, such that he was unable to work. Numbness and tingling in his left lower extremity was also reported.

Requested Service

Lumbar discogram

Decision

I disagree with the carrier's decision to deny the requested device.

Rationale

A 9/18/02 report from the carrier's reviewer stated that the patient previously underwent this procedure with positive provakative responses and the demonstration of abnormal morphology. Nothing in the material provided for this review indicates that that occurred, but I must assume that it did. It is likely, however, that the L5-S1 inner space, which is the area of major concern, was not included in the discogram, and therefore the repeat of this test to include the inner space is thought indicated. The MRI findings along with the consistent discomfort that the patient is having, including associated lower extremity discomfort, the patient may well be a candidate for interbody fusion with decompressive laminectomy and exploration at the L5-S1 space. Discography could be helpful in coming to conclusions regarding possible surgery.

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,

In accordance with Commission Rule 102.4 (b), I hereby certify that a copy of this Independent Review Organization (IRO) decision was sent to the carrier and the requestor or claimant via facsimile or US Postal Service from the office of the IRO on this 12th day of March 2003.