

December 6, 2002

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

MDR Tracking #: M2-03-0359-01  
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 care rendered 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 Medical Doctor who is both specialized and board certified in Radiology. 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

\_\_\_ is a Hispanic female in her later 50s who was originally injured on \_\_\_. According to the medical records that were reviewed, she received an MRI scan in 1998 that showed a disc herniation at L5-S1 and some degenerative disc disease at L3-4 and L4-5. The medical records also indicate treatments by chiropractors and consultations with physicians in 2000, 2001 and 2002. None of the medical records submitted indicated a re-injury with the following exception: There is a copy of a document sent by \_\_\_, an adjustor for the \_\_\_, addressed to \_\_\_. It is dated February 7, 2002. It states, "you have \_\_\_ off work for the \_\_\_ injury; however, you are proposing surgery for the \_\_\_ injury." There is no other documentation in the records submitted that indicate re-injury. All records indicate that the patient has had continued low back pain since the original date of \_\_\_.

#### DISPUTED SERVICES

Under dispute is the medical necessity of a lumbar myelogram with CT scan.

## DECISION

The reviewer agrees with the prior adverse determination.

### BASIS FOR THE DECISION

On a medical evaluation by \_\_\_\_, on 11/8/01, a lumbar scan and myelogram and CT scan were mentioned as recommended by \_\_\_\_, a neurosurgeon. His report dated 3/15/01 recommended a lumbar myelogram followed by a CT scan of the lumbosacral spine, then surgery, if indicated.

The ACR appropriateness criteria – clinical condition acute low back pain, variant 2: trauma, steroids, osteoporosis, over 70 published in the American College of Radiology ACR Appropriateness Criteria Project, published January, 2000, states the following: Plain lumbar x-rays appropriateness rating of 8/9, plain MRI appropriateness rating 5/9, MRI with gadolinium (contrast), isotope bone scan, CT appropriateness rating 4/9, myelogram and myelogram/CT appropriateness rating 2/9. (0=least, 9=most)

Although the above appropriateness criteria applies to acute low back pain, similar appropriateness may be applied to chronic low back pain. In general, plain x-rays and MRI would be most appropriate. Depending on the results of the MRI, a decision for surgical treatment can be made.

The standard of care in the radiology community calls for follow-up MRI examination of the lumbar spine if the patient has pre-existing lumbar disc pathology without response to therapy and/or has worsening of symptoms. This would be especially indicated if there was a re-injury of the lumbar spine. It is unclear to the reviewer if \_\_\_\_ had sustained a re-injury or injuries as stated above. It has been over four years since her last imaging study. An MRI scan without contrast is a noninvasive study that yields the most diagnostic information compared to plain CT or CT myelography.

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 this finding by US Postal Service to 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).

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