

**IRO Certificate #4599**

**NOTICE OF INDEPENDENT REVIEW DECISION**

January 3, 2003

**Re: IRO Case # M2-03-0372**

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 31-year-old male who on \_\_\_ was carrying an approximately 80 pound pot of beans that slipped, and he prevented from falling. He developed back pain that worsened despite physical therapy. Physical therapy helped initially but was of no benefit in the long run. No neurological deficits were recorded. An MRI of the lumbar spine 2/22/02 was thought normal by the radiologist, with some question by the patient's pain management physician of an abnormality at the L5-S1 level. The patient had paravertebral blocks on 4/24/02 without significant benefit, and apparently the patient continues to be off work.

Requested Service

L4-S1 provocative lumbar discogram with post CT scan under fluoroscopy

Decision

I agree with the carrier's decision to deny the requested procedure.

Rationale

The only possible finding on MRI was an L5-S1 problem, which was not recognized by the radiologist, and, if present, must be an extremely minimal finding. Nothing is reported of a neurological deficit, and the patient's pain pattern is somewhat inconsistent and relates to spasms present in the patient's back. An important part of discography is concordant pain, and the discographer would have trouble coming to conclusions regarding which pain is concordant. In addition, it has been noted that there is clear evidence of functional overlay. Under the best circumstances, from a cooperation standpoint, discography is difficult, and under these circumstances it would be of very little benefit in determining what the next procedure would be if the discogram would be thought abnormal.

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,