

NOTICE OF INDEPENDENT REVIEW DECISION

December 30, 2002

RE: MDR Tracking #: M2-03-0385-01
IRO Certificate #: IRO 4326

The ___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced 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 proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a ___ physician reviewer who is board certified in orthopedic surgery which is the same specialty as the treating physician. The ___ physician reviewer has signed a certification statement stating 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 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 this case.

Clinical History

This 21 year old male sustained a work-related injury on ___ when he was lifting a roll with a wrench and slipped and fell onto his buttock. The patient complained of low back pain. An MRI of the lumbar spine performed on 07/09/02 revealed "L5-S1 internal disc derangement with desiccation and a broad-based central disc herniation/protrusion producing severe central spinal canal stenosis". The treating physician is recommending that the patient undergo a lumbar discogram with CT scan.

Requested Service(s)

Lumbar discogram with CT scan.

Decision

It is determined that the lumbar discogram with CT scan is medically necessary to treat this patient's condition.

Rationale/Basis for Decision

Discography is a well accepted diagnostic technique by many neurosurgeons, orthopedic surgeons and radiologists. It is a procedure documented as being efficacious by the North American Spine Society. It is a procedure accepted by the American Academy of Orthopedic Surgeons.

This patient presents with an MRI that reveals significant abnormalities at the L5-S1 level. The MRI of 07/09/02 was read by a radiologist as showing an L5-S1 internal derangement with desiccation and a broad-based central disc herniation/protrusion producing severe central spinal canal stenosis. The patient has undergone an adequate trial of non-operative management. Therefore, the lumbar discogram with CT scan is medically necessary.

This decision by the IRO 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** (10) 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 hearing should be sent to: Chief Clerk of Proceedings, Texas Workers' Compensation Commission, P.O. Box 40669, Austin, Texas, 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,

cc: Rosalinda Lopez, Program Administrator, Medical Review Division, TWCC

In accordance with Commission Rule 102.4 (h), 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 this 30 th day of December 2002.
