

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

January 6, 2003

Re: IRO Case # M2-03-0395

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 49-year-old male who on ___ was rear-ended in a motor vehicle accident. He had some discomfort, which became worse over the next week, with pain in his low back and lower extremities. The pain persisted despite pain medications. An MRI on 1/24/02 showed a left-sided disk problem at L3-4 with degenerative disk disease change at L4-5 also. It is significant that the MRI finding was mainly on the left side at L3-4, but the patient's straight leg raising was positive on the right side, along with femoral nerve stretching being positive on the right side and negative on the left. The patient has continued to work. He has been helped on three occasions by epidural steroid injections. The discomfort, however, continues.

Requested Service

Discogram at L3-4, L4-5

Decision

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

Rationale

In looking for a correctable source of the patient's problem, other exams would be more appropriate, such as CT myelography with flexion and extension views to check for instability and other possible findings on myelographic evaluation. Also electromyography may be of some benefit in coming to conclusions regarding radiculopathy – which appears to be present as evidenced by the patient's symptoms and response to epidural steroid injections.

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,