

February 19, 2003

Re: Medical Dispute Resolution  
MDR #: M2-03-0474-01

Dear

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to \_\_\_ for an independent review. \_\_\_ has performed an independent review of the medical records to determine medical necessity. In performing this review, \_\_\_ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is Board Certified in Neurosurgery.

I am the Secretary and General Counsel of \_\_\_ and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this care for determination prior to referral to the Independent Review Organization.

We are simultaneously forwarding copies of this report to the payor and the Texas Workers' Compensation Commission. This decision by \_\_\_ is deemed to be a Commission decision and order.

Clinical History:

This 43-year-old male claimant was injured on his job on \_\_\_\_. His complaints included lumbar pain and, less so, lower extremity discomfort that has been described by various examiners in a mixed L5-S1 distribution, with the left leg more affected than the right. There was some discrepancy in the provocative concordant analysis of the L-5 nerve root being more prominent in terms of symptoms on the right than left side.

Clinical examination suggested the possibility of some weakness involving the anterior tibialis muscle group, which primarily affects the L-5 myotome. Otherwise, the clinical examination was non-focal, except for the patient's description of pain involving the posterior thigh and calf (i.e., S-1 nerve root) and dorsum of foot (either L-5 or S-1 nerve roots).

Disputed Services:  
Lumbar discography.

Decision:  
The reviewer agrees with the determination of the insurance carrier. The reviewer is of the opinion that the procedure in question is not medically necessary in this case.

Rationale for Decision:  
The imaging studies in the form of MR scanning done in July demonstrated significant L4-5 disc disease. This disc protrusion, noted as being subligamentous, was central in location and, theoretically, could affect either right or left intradural S-1 nerve root, as well as the L-5 nerve roots. There is not significant degenerative disc disease described at either L3-4 or L5-S1. However, there is spondylitic disease at L5-S1 at the level of the facets (i.e., arthropathy) based on plain films. It is not likely that discography will add at all to localization of the patient's problem. More importantly, the issue is whether or not, by performing a laminectomy and discectomy, this patient may have continued problems related to relative instability. While there is no notation made of a spondylolysis or spondylolisthesis, it is clear that the patient has more pain in his back than he does in his legs, and this is often times position-related.

The reviewer concluded that it would be more appropriate to perform a CT myelogram at this time, including upright weight-bearing flexion and extension views, in order to assess the patient's stability prior to any surgical procedure. In addition, essentially six months have gone by since the patient's last diagnostic test. If surgical intervention is being considered, a more recent study would be helpful.

### **YOUR RIGHT TO REQUEST A HEARING**

Either party to this medical dispute may disagree with all or part of this 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 ten (10) days** of your receipt of this decision (28 Tex. Admin. Code 142.5©).

**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 twenty (20) days** of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you **five (5) 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 Workers' Compensation Commission  
P.O. Box 40669  
Austin, TX 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.

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 February 19, 2003.

Sincerely,