

February 6, 2003

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

MDR Tracking #: M2-03-0549-01  
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 proposed care 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 D.O. with a specialty and board certification in Neurological Surgery. 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

This patient is a 23-year-old male who initially injured his low back in \_\_\_. On MRIs and numerous studies he was subsequently diagnosed as having a degenerative disc annular tear. He has seen numerous physicians. This patient has had a great deal of physical therapy and has undergone epidural steroid injections, and his low back pain continues. His chart reflects low back pain with intermittent leg pain.

#### REQUESTED SERVICE

A lumbar discogram is requested for this patient.

#### DECISION

The reviewer disagrees with the prior adverse determination.

## BASIS FOR THE DECISION

The reviewer finds that this individual meets the criteria for the need of a lumbar discogram. Several articles from Spine Journal reflective of his decision were referenced to \_\_\_\_, including the following;

### **Endplate Degeneration Observed on Magnetic Resonance Imaging of the Lumbar Spine: Correlation with Pain Provocation and Disc Changes Observed on Computed Tomography Diskography**

*Salla-Maarit Kokkonen, MD \**; *Mauno Kurunlahti, MD \**; *Osmo Tervonen, MD, PhD \**; *Eero Ilkko, MD, PhD \**; *Heikki Vanharanta, MD, PhD †*

Study Design: One hundred and three lumbar intervertebral discs (L3/4-L5/S1) of 36 patients with low back pain were examined with computed tomography (CT) diskography and magnetic resonance imaging (MRI).

Objectives: To determine whether lumbar endplate degeneration correlates with the degree of disc degeneration or disc rupture and to determine if there is an association between pain provocation during diskography and lumbar endplate degeneration.

Summary of Background Data: There have been numerous attempts to explain the pathogenesis of pain provocation during diskography, but the possibility of endplate degeneration as a source of pain has not been widely assessed.

Methods: One hundred and three lumbar intervertebral discs (36 L3/4, 36 L4/5, and 31 L5/S1 intervertebral discs) of 36 patients were examined. On the basis of MRI, the intervertebral discs were divided into four categories based on the degree of endplate degeneration. Based on pain provocation on diskography, the intervertebral discs were divided into three categories: no pain, indifferent/untypical pain, and familiar/typical pain. Based on disc degeneration and disc rupture, the intervertebral discs were divided into four categories in accordance with the Dallas Discogram Description: Grades 0-3 of both degeneration and rupture.

Results: There was a positive correlation between endplate degeneration and disc degeneration and a positive correlation between disc rupture and pain provocation, but there was no association between endplate degeneration and disc rupture and no correlation between endplate degeneration and pain provocation on diskography.

Conclusions: This study showed a stronger association between endplate degeneration and disc degeneration than between endplate degeneration and disc rupture. The results indicate that the contrast injection during diskography reflects

mainly pain of discogenic origin, whereas the possible pain associated with endplate damage cannot be depicted by CT diskography.

\_\_\_ has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. \_\_\_ has made no determinations regarding benefits available under the injured employee's policy.

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 by mail and, in the case of time sensitive matters by facsimile, a copy of this finding to the treating doctor, payor and/or URA, patient and 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).

**I hereby certify, in accordance with TWCC Rule 102.4 (h), that a copy of this Independent Review Organization decision was sent to the carrier, requestor, claimant (and/or the claimant's representative) and the TWCC via facsimile, U.S. Postal Service or both on this 6th day of February, 2003.**