

NOTICE OF INDEPENDENT REVIEW DECISION

March 19, 2003

MDR Tracking #: M2-03-0580-01
IRO Certificate #: IRO4326

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 anesthesiology 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 patient sustained a work-related injury on ___ while working as a police officer. The patient was exiting a vehicle when she twisted and injured her back. An MRI revealed a ruptured disc on the right at L5-S1 with osteophytic disease at that level as well as a moderate degenerative disease at L4-5. On 11/01/00 the patient underwent a lumbar discectomy at L5/S1 on the right with a foraminotomy. The patient continues to complain of axial lumbar pain radiating into the right lower extremity. The treating physician suspects that the cause of the patient's pain is disc disruption and disc-related pain at the L5-S1 level. He is recommending that the patient undergo lumbar discography with CT scan.

Requested Service(s)

Lumbar discography with CT scan

Decision

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

Rationale/Basis for Decision

This patient has had pain since 2000 despite rehabilitation, non-steroidal anti-inflammatory medications, TENS, multiple analgesic medications, trigger point injections, lysis of adhesions, epidural steroid injections, and time.

A psychological evaluation was performed and the counselor supports the use of a discogram and states that the patient had no symptom magnification. An evaluation by a spinal surgeon states that the purpose of the discogram is to evaluate the patient for possible surgery. The patient meets the criteria for discogram according to the guidelines from the North American Spine Society, "phase III – Unremitting Low Back Pain": "Discography is indicated in the evaluation of patients with unremitting spinal pain, with or without extremity pain, of greater than four months duration, when the pain has been unresponsive to all appropriate methods of conservative therapy. Before discography, patients should have undergone investigation with other modalities, which have failed to explain the source of pain; such modalities should include, but not be limited to, either CT scanning, MRI scanning and/or myelography. In these circumstances, discography, especially when followed by CT scanning, may be the only study capable of providing a diagnosis by permitting a precise description of internal anatomy of a disc and a detailed determination of the integrity of the disc's substructure".

Discography can also be useful in patients with previously operated spines where scar tissue has formed as referenced in Managing Low Back Pain, Kirkaldy-Willis and Burton 1992.

The results of the discogram/CT scan can be of a positive benefit by identifying patients who might respond to surgical interventions or of a negative benefit by identifying patients who are not candidates for surgery so that further surgical or procedurally oriented treatments can be ceased. CT scan should be used in conjunction with discogram as it has been shown to increase the specificity of the discogram as referenced in "CT/discography in low back pain disorders", Spine, 12:287-294, 1987. Therefore, the lumbar discography 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,

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| 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 19 th day of March 2003. |
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