

## NOTICE OF INDEPENDENT REVIEW DECISION

**Date:** May 1, 2003

**RE: MDR Tracking #:** M2-03-0847-01

**IRO Certificate #:** 5242

\_\_\_ 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 an anesthesia and pain management physician reviewer who is board certified in anesthesia and pain management. The anesthesia and pain management 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**

The claimant is a forty-two year old male who states he injured himself at work on \_\_\_. The claimant bent over to pick up a package. He reported low back pain into the left leg and occasionally into the foot. The claimant has been treated initially with conservative measures including physical therapy and medications. This failed. He then underwent epidural steroid injections, which did alleviate his pain to a partial extent, but did not alleviate it entirely. The claimant does have an MRI showing a disc herniation at the L5-S1 level and has an electromyogram nerve conduction study showing a mild S1 radiculopathy.

### **Requested Service(s)**

Lumbar discogram with post discogram /CT scanning at L3-4, L4-5 and L5-S1.

### **Decision**

I do not feel that a discogram is medically necessary or reasonable in this claimant.

### **Rationale/Basis for Decision**

The requesting doctor is stating the discogram will help determine the painful level in the claimant and will help determine if the claimant would be a candidate for a percutaneous disc decompression procedure such as disc nucleoplasty. The percutaneous disc decompression procedures are indicated for a contained herniated disc only. It is not indicated to treat a herniated disc that is not contained within the annulus. Therefore, the claimant is not a candidate for any of the percutaneous disc decompression procedures.

The discogram would also not provide any other useful information that would benefit him when considering surgery as the L5-S1 disc appears abnormal on MRI scanning contains a herniation and he has documented symptoms of radiculopathy and nerve conduction studies consistent with radiculopathy.

### **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 (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)).

This decision by the IRO is deemed to be a TWCC decision and order.