

**THIS DECISION HAS BEEN APPEALED. THE
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:
SOAH DOCKET NO. 453-03-3788.M2**

June 10, 2003

Re: Medical Dispute Resolution
MDR #: M2-03-0933-01
IRO Certificate No.: 5055

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 Orthopedic and Spine Surgery.

Brief Clinical History:

This 41-year-old male claimant injured his neck and upper and lower back in a work-related accident on ____. He underwent extensive physical therapy with a chiropractic clinic. MRI revealed multiple level degenerative disc disease, particularly at L4-5 and L5-S1, as well as at L3-4 and at T10-11. The cervical MRI revealed degenerative disc disease, both at C3-4 and C4-5. Degenerative disc disease was also found at T3-4 and T9-10.

Disputed Services:

Lumbar discogram.

Decision:

The reviewer agrees with the determination of the insurance carrier. The reviewer is of the opinion that lumbar discogram is not medically necessary in this case.

Rationale for Decision:

The medical records do not contain significant information concerning the pattern or severity of the patient's pain, or what exacerbates or relieves the pain. The chiropractic care records note that there has been improvement with non-operative therapy.

The use of discography, per the North American Spine Society protocols, is to evaluate morphological abnormalities on the MRI. In this particular instance, the morphological abnormalities are degenerative in nature, and multi-level, making this patient a poor surgical candidate.

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.

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 June 10, 2003.

Sincerely,