

NOTICE OF INDEPENDENT REVIEW DECISION

May 29, 2003

RE: MDR Tracking #: M2-03-0998-01
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 orthopedic surgery 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 an injury on ___ while lifting some pallets weighing approximately 120-130 pounds each. He reported feeling sudden lumbar pain and subsequently starting treatment and physical therapy with a chiropractor. The patient underwent a series of lumbar epidural steroid injections but he reported minimal pain relief. A discogram from 01/16/03 reveals torn annulus at L-4-5 with protrusion. An electromyography (EMG) study from 08/12/02 revealed radiculopathy at L4-L5.

Requested Service(s)

Intradiscal electrothermal therapy (IDET) at L4-5

Decision

It is determined that the proposed intradiscal electrothermal therapy (IDET) is medically necessary to treat this patient's condition.

Rationale/Basis for Decision

Although the procedure is still considered experimental, there is literature which suggests that overall complication rate is 1%, approximately 15% of patients fail the procedure and proceed on to single level spinal fusion, 50% report improvement in function, and 50% report improvement in pain on the SF-36 questionnaire (Ahuja, S et al Proceedings, J Bone Joint Surg (Brit), 2002, p. 328).

This patient would be a good candidate for IDET. The American Association of Orthopedic Surgeons has published an indications position for this procedure and this patient meets almost all of the criteria. There is a 50/50 chance that this patient will be improved by the procedure with a 1% risk of complication. Therefore, the proposed intradiscal electrothermal therapy (IDET) 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,

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 29 th day of May 2003.
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