

THIS DECISION HAS BEEN APPEALED. THE FOLLOWING IS THE RELATED SOAH DECISION NUMBER:

SOAH DOCKET NO. 453-03-3880.M2

MDR Tracking Number: M2-03-1210-01
IRO Certification# 5259

June 16, 2003

An independent review of the above-referenced case has been completed by a medical physician [board certified] in physical medicine and rehabilitation. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by ___ or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

___ hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to ___.

REQUESTED SERVICE (S)

Medical necessity of the proposed lumbar discography with CT scan

DECISION

Approval Advised as Treatment Medically Necessary

RATIONALE/BASIS FOR DECISION

The proposed diagnostic procedure of discogram to evaluate intractable low back pain is reasonable, appropriate, and consistent with the standards of care for the region in evaluation and treatment of spinal injuries. The pre authorization reviewer's opinions in this case that led to non-authorization have been read. The research that is quoted for the basis of their decision is used out of context, in my opinion. Furthermore, the reviewers seek to apply their own narrow view of the procedure in question (discogram). Their views are not consistent with the routines and standards of care for this region, nor are they consistent with other researcher's findings. In this case, I believe the mechanisms of injury had the

potential to cause damage and harm to the low back and in particular to the discs. The proposed diagnostic procedure could assist in the treatment and management of this individual.

I disagree that physicians should be limited in their use of accepted diagnostic tests because a small group of researchers run contrary to the majority. More importantly, diagnostic tests are specifically geared to learn new an insight into a patient's clinical condition, disallowing a test because it might be normal is a non-scientific approach and contrary to the accepted tenets of good medical practice.

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) calendar days of your receipt of this decision (20 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 **20** (twenty) calendar 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 or the date of fax (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings/Appeals Clerk
Texas Workers' Compensation Commission
P.O. Box 17787
Austin, Texas 78744

Or fax the request to (512) 804-4011. A copy of this decision must be attached to the request.

The party appealing the decision shall deliver a copy of its written request for a hearing to the opposing party involved in the dispute.

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 30th day of May 2003.