

MDR Tracking Number: M2-03-1343-01
IRO Certification# 5259

July 16, 2003

An independent review of the above-referenced case has been completed by a neurosurgeon physician. 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 ___.

CLINICAL HISTORY

The patient is a 39 y/o female with a past medical history significant for previous disectomy at L5-S1 who suffered a work related injury ___ and was subsequently diagnosed with low back pain with radicular symptoms. MRI 7-11-2000 showed loss of T2 signal at the L5-S1 disc with a small disc bulge and she was started on conservative therapy to include physical therapy, electrical stimulation, psychotherapy, epidural steroid injections, SI joint injections, etc with little improvement. Discography 1-16-2001 revealed concordant pain at L4-5, L5-S1 with no pain upon injection of L3-4. Post discography CT showed annular tears at L4-5 and L5-S1 with normal containment of contrast at L3-4. IDET was performed 3-6-2001, which provided little relief with progression of the patient's symptoms. A surgical opinion was obtained 6-6-2001 with no recommendation for surgery but for repeat MRI 6-29-2001 which revealed a diffuse disc bulge at L4-5 with paracentral disc protrusion on the right at L5-S1. A second surgical opinion was obtained 7-20-2001 with the recommendation for repeat discography. A third surgical opinion was obtained 2-19-03 again with a recommendation for repeat discography. She is now being considered for lumbar fusion or disc replacement.

REQUESTED SERVICE (S)

Repeat Discography L3-4, L4-5, L5-S1

DECISION

The request for repeat discography is consistent with accepted standards in evaluation for lumbar fusion or disc replacement.

RATIONALE/BASIS FOR DECISION

Discogenic pain is well described in the literature as a cause of low back pain. Provocative discography is the only physiological test available to identify discs as pain generators. This patient has failed extensive conservative treatment and is now at a branch point for surgical treatment or chronic pain management. The previous discogram was performed over two years ago and the source of the patient's pain certainly could have changed in the interim. If all three levels produce concordant pain, then the patient certainly is not a surgical candidate.

CERTIFICATION OF INDEPENDENCE OF REVIEWER:

I had no previous knowledge of this case prior to it being assigned to me for review. I have no business or personal relationship with any of the physicians or other parties who have provided care or advice regarding this case. I do not have admitting privileges or an ownership interest in the health care facilities where care was provided or is recommended to be provided. I am not a member of the board or advisor to the board of directors or any of the facilities. I do not have a contract with or an ownership interest in the utilization review agent, the insurer, the HMO, other managed care entity, payer or any other party to this case. I am not a member of the board or advisor to the board of directors or an officer from any of the above referenced entities. I have performed this review without bias for or against the utilization review agent, the insurer, HMO, other managed care entity, payer or any other party to this case.

As the reviewer of this independent review case, I do hereby certify that all of the above statements are, to the best of my knowledge and belief, true and correct to the extent they are applicable to this case and my relationships. I understand that a false certification is subject to penalty under applicable law.

I hereby further attest that I remain active in my health care practice and that I am currently licensed, registered, or certified, as applicable, and in good standing.

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 17th day of July 2003.