

NOTICE OF INDEPENDENT REVIEW DECISION

Date: September 5, 2003

RE: MDR Tracking #: M2-03-1387-01
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 Orthopedic Surgeon physician reviewer who is board certified in Orthopedic Surgery and has an ADL Level 2. The Orthopedic Surgeon 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 has chronic back and leg pain allegedly due to a compensable work lifting incident that occurred on _____. The claimant exhibits a normal neurologic exam. An MRI report dated 7/30/02 indicates mild disc bulges at L4/5 and L5/S1 and desiccated intervertebral discs at L2/3, L4/5 and L5/S1. A recent psychiatric evaluation indicated significant anxiety and depressive disorders.

Requested Service(s)

Lumbar discogram

Decision

I agree with the insurance carrier that the requested intervention is not medically necessary.

Rationale/Basis for Decision

A diagnosis of disc herniation and lumbar radiculopathy is documented on a clinic note date 5/15/03. There are no objective studies to support the diagnosis of disc herniation or lumbar radiculopathy. The claimant exhibits a normal neurologic exam. An MRI report indicates no disc herniation. There is no EMG/NCV study to support a diagnosis of radiculopathy.

Generally a discogram/CT is a pre-operative diagnostic test to help determine levels of spinal fusion. Discography is not a primary diagnostic tool, but a confirmatory study in the presence of an established diagnosis of a significant disc condition when spinal fusion is anticipated. Discography is a controversial test that can demonstrate an anatomic abnormality in asymptomatic people and subjective response can be widely skewed particularly with psychological issues. In this instance there is no documentation of a significant surgical lesion that would indicate fusion is a reasonable treatment option or that fusion is under active consideration. The MRI report indicates only mild abnormalities common to this age group. In light of the lack of supporting diagnostic criteria, this reviewer does not find discography to be a reasonable or medically necessary intervention. Exhaustion of all conservative treatment options is strongly advised in this clinical setting.

YOUR RIGHT TO REQUEST A HEARING

Either party to 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 (28 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) calendar days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings / Appeals Clerk
P.O. Box 17787
Austin, Texas 78744
Fax: 512-804-4011

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