

August 11, 2003

Re: Medical Dispute Resolution  
MDR # M2-03-1465-01

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 Spine Surgery.

**Clinical History:**

This is the case of a 30-year-old man with persistent neck, right shoulder, and right arm pain, with numbness and tingling into the thumb since his work-related injury in \_\_\_\_. He has had extensive conservative management with physical therapy, exercises, and epidural steroid injections, with very little change in his symptoms. Exam shows primarily tenderness over the neck with very limited motion in all directions, but without specific neurologic deficit on neurologic exams.

**Disputed Services:**

Discogram of the cervical spine.

**Decision:**

The reviewer disagrees with the determination of the insurance carrier and is of the opinion that the discogram is medically necessary in this case.

**Rationale:**

The absence of neurologic deficit does not imply the absence of pain. The presence or absence of neurologic deficit primarily speaks to the urgency of surgical decompression or relief. In this patient with no neurologic deficit, surgical treatment has been appropriately deferred while conservative treatment has been carried out, and an adequate time period (over two years) given for spontaneous relief. With persistence of disabling symptoms, it is not reasonable to deny the patient pain relief because of the absence of specific neurologic deficit. A discogram with the inclusion of control levels is probably the most reliable method to determine whether or not the C5-6 level is the primary pain generator, and whether or not the patient has a high probability of obtaining good pain relief from a C5-6 fusion. One must remember the basic concept of spine surgery. Decompression is done to relieve neurogenic radiating pain or myelopathy. Fusion is done to relieve painful motion through unstable disc or joints.

I am the Secretary and General Counsel of \_\_\_ and 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 August 11, 2003.

Sincerely,