

# MEDICAL REVIEW OF TEXAS

[IRO #5259]

3402 Vanshire Drive

Austin, Texas 78738

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## NOTICE OF INDEPENDENT REVIEW DETERMINATION

TWCC Case Number:	
MDR Tracking Number:	M2-03-1522-01
Name of Patient:	
Name of URA/Payer:	American Home Assurance Company c/o ACRMI
Name of Provider: (ER, Hospital, or Other Facility)	
Name of Physician:	Jaime Lim, MD
(Treating or Requesting)	

August 18, 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 Texas Medical Foundation, 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

Medical Review of Texas (MRT) 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 MRT.

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Notice of Independent Review Determination  
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Sincerely,

Michael S. Lifshen, MD  
Medical Director

cc: Sanjoy Sundaresan, MD  
Jaime Lim, MD  
Texas Workers Compensation Commission

<b>TWCC TRACKING #:</b>	M2 03 1522 01
Name of Patient:	
A. Brief Clinical History:	This is a lady who slipped and fell reportedly sustaining a lumbar injury. This was treated conservatively with no avail. The medications being used, in terms of oral analgesics escalated. Imaging studies noted degenerative changes at multiple medical problems. Several providers have evaluated her, and a second surgical opinion held that the claimant was not a surgical candidate. Multiple pain management modalities were attempted. One examiner noted multiple positive Waddell's signs.
B. Requested Services:	Lumbar Discogram
C. Decision:	Support the determination of pre-authorization reviewer
D. Rationale	<p>The reported reason for the discogram is to identify which levels are to be used. The progress notes indicate that there is a L4/5 weakness. The MRI noted a small disc bulge at L4/4 and L5/S1. Electrodiagnostic studies noted an acute L5 radiculopathy. The article submitted noted that discography is to be only in selected patients. Additionally discography is to be used when other diagnostic tests have failed to identify the source of pain. (The MRI and EMG accomplished this). Further the article notes that discography should be done when other diagnostic tests failed to reveal clear information of the source pain. The pain generator has been identified. In addition the Carragee a study clearly notes that there are external factors that minimize the value of discography in the otherwise compromised disc.</p> <p>In summary, the lesion has been identified. This is not a re-do situation and there is no clear clinical indication to do a discogram based on the physical examination reported, the objective imaging and diagnostic studies and as noted by the several articles submitted for review. Moreover, it is not clear from the notes if the claimant is a surgical candidate.</p>

## 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 19<sup>th</sup> day of August 2003.

Signature of IRO Employee: \_\_\_\_\_

Printed Name of IRO Employee: Cindy Mitchell