

September 11, 2003

Re: Medical Dispute Resolution
MDR # M2-03-1558-01
IRO Certificate No.: 5055

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 Physical Medicine & Rehabilitation, and Pain Management.

Clinical History:

This 49-year-old gentleman complains of low back pain resulting from a work-related injury on ____. His back pain continues to be quite severe, in the 7-10/10 BAS range. He states the pain is localized to midline with radiation to the bilateral buttocks.

The patient has undergone a significant amount of both diagnostic and therapeutic workup, following with conservative treatment that has provided no improvement. An MRI of the lumbar spine shows a degenerative disc at L3-4 and L4-5, producing narrowing of the spinal cord. An EMG was essentially normal.

Initial discogram on 03/24/03, without manometer measurement, indicated provocative low back pain, L3-4 and L4-5. The discogram was repeated using manometer readings on 05/12/03, demonstrating negative pain response at L2-3. This discogram indicated concordant low back pain at L3-4 and demonstrated a ruptured disc. Discogram at L4-5 demonstrated concordant low back pain without ruptured nucleogram and leakage posteriorly. At L5-S1, pain was limited to the right buttock. The findings on discogram are suggestive of the need for pain generators at L3-4 and L4-5.

The patient is a surgical candidate, but has declined surgery at the present time.

Disputed Services:

Intradiscal electrothermal anuloplasty (IDET).

Decision:

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

Rationale:

Recent publications demonstrating controlled studies have indicated the efficacy of IDET for the treatment of chronic discogenic low back pain. These papers were presented at the International Spine Injection Society's 10th meeting, in Austin, Texas, on 09/07/02. Specific papers are referenced and reviewed by the author in his presentation.

Specific follow-up papers include:

- Pauza, et al., ISIS 2002
- Sall, et al., *Spine*, May 2002
- Bogduc, et al., *The Spine Journal*, October 2002.

The first is a controlled, double-blind, randomized trial. The others mentioned are prospective controlled studies. In addition, there are many prospective, single-center and multi-center trials that suggest improvement in 23-60% of the patients undergoing IDET.

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 June 26, 2003.

Sincerely,