

NOTICE OF INDEPENDENT REVIEW DECISION

August 21, 2003

RE: MDR Tracking # M2-03-1576-01
IRO Certificate #: IRO4326

___ 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 a ___ physician reviewer who is board certified in family practice which is the same specialty as the treating physician. The ___ 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

This patient sustained an injury on ___ while helping a patient to bed with an assist belt. The patient began to fall and grabbed her, causing her to experience immediate low back pain and left leg pain. An MRI dated 12/09/02 revealed a disc protrusion at L4-5 with impingement on the right L5 nerve root. She has had physical therapy, analgesics, and a lumbar epidural steroid injection series.

Requested Service(s)

Discogram with following CT scan at L3-4, L4-5, and L5-S1

Decision

It is determined that the proposed discogram with following CT scan at L3-4, L4-5, and L5-S1 was not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

This patient has no lateralizing findings other than non-physiologic pain distribution. The MRI showed impingement on the right L5 nerve root but the patient complains of pain and symptomatology on her left side. She has no bowel or bladder changes or dysfunction. The physical exam shows no weakness and deep tendon reflexes of the lower extremities are 2 and equal. Her ankle reflexes and toes are without lateralizing changes. There is no documentation of physiological portion of this pain. In addition, there was no information to suggest that obesity was evaluated and discusses with patient. Therefore, it is determined that the proposed discogram with following CT scan at L3-4, L4-5, and L5-S1 was not medically necessary.

This decision by the IRO is deemed to be a TWCC decision and order.

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** (10) days of your receipt of this decision (20 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) 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 (28 Tex. Admin Code 102.4(h) or 102.5(d)). A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Workers' Compensation Commission, P.O. Box 40669, Austin, Texas, 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 (Commission Rule 133.308 (t)(2)).

Sincerely,

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 21 st day of August 2003.
