

October 01, 2003

Re: Medical Dispute Resolution  
MDR #: M2-03-1600-01  
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 Anesthesiology and pain Management.

**Clinical History:**

This claimant injured his back and left leg in an on-the-job injury on \_\_\_\_. His complaint was of lumbar and left leg pain to all of the physicians who initially treated him. A lumbar MRI was ordered on 10/08/02. It demonstrated completely normal disk appearance at L1-2, L2-3, and L3-4. At L4-5, a tiny 1.0 mm bulge of the annulus was seen to the right and the left of midline with no neural compression or compromise. At L5-S1, a 2-3 mm central disk protrusion was also noted to contact the descending S-1 roots on both sides, with a posterior annular tear. Facet arthrosis was noted, but again no definitive neural pathology.

A myelogram was then ordered on 11/14/02. The myelogram demonstrated a minimal bulge at L3-4, a 3.0 mm bulge at L4-5 with a small RIGHT disk protrusion and a minimal disk bulge at L5-S1. The claimant's complaint at the time of this myelogram was of LEFT leg pain. The claimant subsequently underwent three epidural steroid injections, each providing no more than one day of relief.

He returned to the neurosurgeon on 02/03/03, continuing to complain of lumbar and left leg pain. On 03/28/03 the claimant returned to the neurosurgeon reporting no improvement with physical therapy. He now complained of worse back pain, bilateral leg pain and numbness, now worse on the right than the left. In order to determine whether these symptoms were significant EMG studies were recommended.

ON 04/22/03 electro-diagnostic NCV and EMG studies of the bilateral lower extremities were performed. The studies were completely normal, with no evidence of radiculopathy or neuropathy. Documentation showed the claimant's leg pain was greater on the LEFT and he had no RIGHT leg numbness, or

weakness in either leg. Physical examination demonstrated negative straight-leg raising tests bilaterally, normal strength, normal reflexes, and no definite sensory deficits.

The claimant returned to the neurosurgeon on 06/23/03 who documented that the claimant had apparently had a myelogram recently. However, there is no documentation of the claimant having had a myelogram since November 2002. He also stated that this alleged myelogram showed disk pathology at L4-5 and L5-S1, which he termed "different" from the prior MRI which showed pathology only at L5-S1. Neither of these statements is supported by the myelogram and MRI reports from November and October 2002. After review of the EMG studies that were completely normal, the neurosurgeon recommended a repeat MRI based on the "recent myelogram CT" which allegedly showed progression at the L4-5 level.

**Disputed Services:**

Proposed MRI lumbar spine with/without contrast.

**Decision:**

The reviewer agrees with the determination of the insurance carrier. The services in question are not medically necessary.

**Rationale:**

The previous MRI and myelogram studies do not at all correlate with the claimant's primary complaint of lumbar and LEFT leg pain. In fact, the findings of both of these studies were of minimal bulges at L4-5 and L5-S1, neither of which was causing spinal cord or nerve root impingement, but lateralizing primarily to the RIGHT, not LEFT. Therefore, the claimant's complain of contralateral pain is nonphysiologic, inorganic, and does not necessitate any further evaluation. Moreover, the claimant had EMG/NCV studies by the neurologist who found absolutely no evidence whatsoever of neuropathology, radiculopathy, or neuropathy. The claimant's physical examination by the neurologist was entirely negative with no sign whatsoever of radiculopathy or radicular findings. Therefore, with subjective complaints of contralateral pain, no physical examination evidence of radiculopathy, negative EMG and NCV studies, and previous MRI and myelogram studies demonstrating minimal, clinically insignificant findings, there is no medical reason or necessity for another lumbar MRI with or without contrast. Nonphysiologic, non-anatomic, and non-organic pain complaints do not necessitate any further workup or treatment, including repeat lumbar MRI.

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 October 1, 2003.

Sincerely,