

MDR Tracking Number: M2-03-1649-01
IRO Certificate# 5259

August 27, 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 ___ 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

___ 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 ___.

CLINICAL HISTORY

32 year-old male status post ___ backward fall at work to the floor He experienced immediate neck and back pain. Of concern in this review is his low back pain. Described as a dull ache and "occasionally gets tingling with numbness down both legs to both feet." No neurological objective pathology in clinical exam with 3/1/02 MRI and CT myelogram showing small disc protrusions at L4/5 and L5/S1. Nerve conduction testing revealed bilateral S1 radiculopathies.

REQUESTED SERVICE (S)

Lumbar discogram L3/4, L4/5, and L5/S1 with CT scan

DECISION

Reverse previous denial.

RATIONALE/BASIS FOR DECISION

It is clear that the patient is a surgical candidate for his largely central discogenic back pain. North American Spine society clinical guidelines dictate that a painful disc can be located with discography. Thus, effective fusion spine surgery may be performed at the best and most specific spinal. The L3/4 will be used as a 'control' level, which is perfectly appropriate.

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 29th day of August 2003.