

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

October 28, 2003

Re: IRO Case # M2-04-0131

Texas Worker's Compensation Commission:

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule 133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to ___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Neurological Surgery, and who has met the requirements for the TWCC Approved Doctor List or who has been granted an exception from the ADL. He or she has signed a certification statement attesting 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 referral to ___ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the ___ reviewer who reviewed this case, based on the medical records provided, is as follows:

History

The patient is a 31-year-old male who slipped and fell in ___. He developed multiple complaints and minor injuries, but his primary trouble was back pain. The back pain has persisted despite chiropractic treatment, physical therapy and epidural steroid injections. It is noted on one examination that straight leg raising was negative while sitting, but was positive at 30 degrees, suggesting along with some other features of the examination some potential of malingering.

A 10/4/02 MRI showed multiple levels of disk bulge, but none more severe than 2mm, and it was thought to be essentially normal. A 6/18/03 EMG was also thought to be normal, showing no evidence of nerve root compromise.

Requested Service(s)

Lumbar discogram with post CT scan at L2-3, L3-4, L4-5 and L5-S1

Decision

I agree with the carrier's decision to deny the requested multi-level discographic evaluation in the lumbar spine.

Rationale

Discographic evaluation is very dependent on concordant pain production. In an individual who is potentially malingering, it is especially difficult to use this as a diagnostic tool. In addition, there is no indication from EMG, physical examination or MRI as to what level might be involved. Under these circumstances, iscography can be more misleading than of diagnostic value.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to 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 (28 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) calendar days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings / Appeals Clerk
P.O. Box 17787
Austin, Texas 78744
Fax: 512-804-4011

The party appealing this decision shall deliver a copy of its written request for a hearing to other party involved in this dispute.

Sincerely,

In accordance with Commission Rule 102.4 (b), I hereby certify that a copy of this Independent Review Organization (IRO) decision was sent to the carrier and the requestor or claimant via facsimile or US Postal Service from the office of the IRO on this 29th day of October 2003.