

NOTICE OF INDEPENDENT REVIEW DETERMINATION

MDR Tracking Number: M2-0145-01

IRO Certificate No.: 5259

October 28, 2003

An independent review of the above-referenced case has been completed by a neurosurgeon physician. 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

This patient is a 51 year-old male who sustained a work related injury on ___ at which time he suffered acute onset back pain. He now has pain at the thoracolumbar junction with radiation into the lower extremities bilaterally with episodic weakness of the legs. MRI 10/21/01 shows a disc herniation at T12-L1 and mild disc bulges at L4-5 and L5-S1. MRI 12/9/02 shows the disc at T-12-L1 and a broad based disc bulge at T11-12. EMG/NCV 11/13/02 shows chronic lumbar radiculopathy involving the right S1 root. He has failed conservative therapy. Discography from T11-S1 has been proposed.

REQUESTED SERVICE (S)

T11-S1 discography.

DECISION

T11-S1 discography is not recommended as medically necessary.

RATIONALE/BASIS FOR DECISION

Discography is a widely accepted modality to identify painful discs contributing to axial pain when there is an abnormality on imaging studies. This patient has a focal disc herniation at T12-L1 with thoracolumbar pain and vague lower extremity findings. If, in fact, a thoracolumbar fusion is being considered along with discectomy, than a discogram at the level in question may be appropriate with one or two control levels. The rationale for discography at 7 levels is not clear based on review of the clinical information.

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 30th day of October 2003.