

NOTICE OF INDEPENDENT REVIEW DETERMINATION

MDR Tracking Number: M2-04-0172-01

October 28, 2003

An independent review of the above-referenced case has been completed by a medical physician board certified in neurosurgery. 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 ____.

Notice of Independent Review Determination

CLINICAL HISTORY

This is a 39 year-old female who injured herself while working at ____ in _____. She was attempting to lift a 400 pound patient and developed significant low back pain. Initially she also had radiating left leg pain which correlated with an S1 root distribution. She was seen by what appears to be an orthopedic surgeon, possibly ____, who diagnosed a lumbosacral syndrome with myofascial pain. He recommended physical therapy and pain management as well as non-steroidal anti-inflammatory agents. Since that time the patient has been treated with a full course of physical therapy, has had one epidural injection and has had absolutely no improvement in her low back pain. While the left leg pain is no longer being mentioned, she has reached a point where her orthopedic surgeon is considering what appears to be a surgical fusion and a discogram has been recommended. She has had an MRI scan of the lumbar spine which shows disc desiccation at both L4 and L5 with endplate changes consistent with Modic Level I abnormality at the lumbosacral interspace.

REQUESTED SERVICE(S)

Lumbar discogram with CT follow-through.

DECISION

It is appropriate for this patient to receive the discogram with CT follow-through.

RATIONALE/BASIS FOR DECISION

All records have been thoroughly reviewed. Both the requesting physician and the previous reviewer are orthopedic surgeons and there is obviously some disagreement in the utility of the discogram. The reviewer states that discography is a controversial test which often demonstrates anatomic abnormalities as asymptomatic patients and this study can be widely interpreted, particularly in patients with psychological issues. Further, he states discography should not be a primary diagnostic tool, but a confirmatory study in the presence of an established diagnosis of a significant disc condition.

However, this patient is noted to have substantial disc desiccation at both L4 and L5 and most notably at L5 she is noted to have endplate changes which are consistent with advanced disc degeneration. Certainly her mechanism of injury, attempting to lift a 400 pound patient, is sufficient to cause chronic low back pain. While not all of the remediable factors in this patient have been addressed, specifically her weight as she is stated to weight 265 pounds, any impediment to this patient rehabbing herself, specifically with range of motion, aerobic and anaerobic reconditioning, should be addressed as pain management apparently did not seem to have much of an impact and the patient is incapable of losing weight. Structural causes should be searched for with regards to the pain generator and a discogram is a reasonable way of proceeding at this point in time.

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 31st day of October 2003.