

November 20, 2003

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TWCC Medical Dispute Resolution
MS-48
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Austin, TX 78744-1609

MDR Tracking #: M2-04-0200-01
IRO #: 5251

___ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to ___ for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Medical Doctor with a specialty and board certification in Orthopaedic Surgery. The reviewer is on the TWCC Approved Doctor List (ADL). The ___ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to ___ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

___ is a 57-year-old male who developed low back pain while working after performing a considerable number of straining activities at work. His pain became progressively more severe. There was no radiation of pain into his lower extremities, it was primarily axial pain that continued to bother him.

He went through several physician sand was seen by ___, a spine surgeon and received an MRI and EMG study. Hid had no real significant neurologic impairment; his neurological examination was normal. Several examiners noted that he had a completely normal examination. His 10/12/02 MRI revealed only mild multilevel degenerative changes consistent with his age, according to ___. ___ was not felt to be a candidate for surgery. He had epidural steroid injections and nerve blocks, along with physical therapy and other conservative treatment. The treatment helped, but he continued to have symptoms of multiple joint degenerative joint disease of the lumbar spine.

This patient was then referred to ___ who has requested a four-level provocative discogram on ___ to try to identify his source of pain. The records do not support the fact that this would likely be a single solitary source of pain, as it would appear that this 57-year-old man has a multiple-

level degenerative joint disease and it does not appear that he has any type of nerve root impingement or nerve root pressure at all.

REQUESTED SERVICE

Lumbar discography at L2/3, L3/4, L4/5 & L5/S1 with post CT scan is requested for this patient.

DECISION

The reviewer agrees with the prior adverse determination.

BASIS FOR THE DECISION

The reviewer does not find that this study would identify any type of surgical lesion in this patient's back. He is not a candidate for surgery because of multiple level degenerative changes. Multiple-level degenerative arthritis in a 57-year-old male is just not a surgically treatable disease. The four-level provocative discogram would offer no more information than is already present on his present work-up.

___ has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. ___ has made no determinations regarding benefits available under the injured employee's policy.

As an officer of ___, I certify that there is no known conflict between the reviewer, ___ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

___ is forwarding by mail and, in the case of time sensitive matters by facsimile, a copy of this finding to the treating doctor, payor and/or URA, patient and the TWCC.

Sincerely,

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.