

NOTICE OF INDEPENDENT REVIEW DETERMINATION

MDR Tracking Number: M2-04-0227-01

November 26, 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 50 year-old gentleman, who, on ___ was hit by the door of an 18 wheeler truck and thrown approximately 5-6 feet. Following that he began developing low back pain and bilateral leg pain initially. The various percentages have ranged from 60/40 for the low back to 60/40 for the leg. He also developed some knee problems on the left side and this has been followed by orthopedic surgeons. With regards to the low back pain, he was evaluated by a physician (possibly a neurosurgeon); the patient was not felt to be a surgical candidate. He had imaging studies which included an MRI scan of his low back 7/26/2000 which was described as being normal. Further, he also had an EMG on 6/2/2000 which was normal. One must note that his injury was on ___ and that the EMG was performed a little more than three weeks after that fall. The patient has also had discography as well as CT myelography. Again, the imaging study was found to be normal. However, the discogram found him to have concordant pain at L5 with a substantial tear in the posterior ligament.

He also had substantial conservative management including injections into the facets (appear to be epidural injections) and consideration is now being given to a percutaneous enucleation, presumably at L5. An IDET procedure was originally considered, but because the patient more recently has begun complaining of radiating right leg pain, he is no longer a candidate for the IDET and therefore a switch to a nucleoplasty at L5 has been requested.

REQUESTED SERVICE(S)

L5/S1 bilateral enucleation of the nucleo polposus-62287 and 62287-59; discogram-62290 and 62290-59; and anesthesia-00630.

DECISION

Uphold prior denial.

RATIONALE/BASIS FOR DECISION

This gentleman is predominately complaining of low back pain. The first treatment for low back pain is to address any of the remediable causes such as weight, tobacco use, narcotic use, etc. Throughout this entire chart, nothing has ever been mentioned with regards to remediable factors and this, before anything else, needs to be addressed. This patient has had physical therapy, but as far as reconditioning that, too, has not been addressed.

It is of note that there is no indication for a discogram when an MRI scan is totally normal. However, despite that fact, the discogram shows the patient to have concordant pain at the L5 disc space as well as pain in the other disc spaces which is not concordant.

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 26th day of November 2003.