

NOTICE OF INDEPENDENT REVIEW DECISION

Date: December 1, 2003

RE: MDR Tracking #: M2-04-0317-01-ss
IRO Certificate #: 5242

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced 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, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by an Orthopedic Surgeon physician reviewer who is board certified in Orthopedic Surgery and has an ADL Level 2. The Orthopedic Surgeon physician reviewer has signed a certification statement stating 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 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 this case.

Clinical History

The claimant has a history of chronic back and leg pain allegedly related to a work compensable injury on ___.

Requested Service(s)

Endoscopic discectomy and annuloplasty L5-S1.

Decision

I agree with the insurance carrier that the requested intervention is not reasonable or necessary.

Rationale/Basis for Decision

There is documentation of a normal electromyogram/nerve conduction velocity. There is documentation of mild degenerative disc disease at L5-S1 without stenosis or disc protrusion or foraminal narrowing. Generally, clinical work-up of the neurocompressive lesion includes electromyogram/nerve conduction velocity and a CT myelogram prior to consideration of surgical decompression for a clinical diagnosis of lumbar radiculopathy. There is no documentation of electromyogram/nerve conduction velocity supporting a diagnosis of lumbar radiculopathy or a corresponding anatomical defect consistent with an isolated neurocompressive lesion that would necessitate discectomy/decompression at the L5-S1 level. A discogram is a pre-operative diagnostic test to help determine levels of spinal fusion. There is no indication for a discogram to determine if the injured worker has discogenic pain, unless and until documentation of the level of that pain, exhaustion of conservative treatment and radiographic

findings indicate fusion to be under active consideration. Discography is not a primary diagnostic tool but a confirmatory study in the presence of an established diagnosis of a significant disc condition when spinal fusion is anticipated. There is no documentation indicating a significant spinal lesion at the L5-S1 motion segment level to necessitate fusion nor is their documentation that fusion is under active consideration. Unless there is clinical documentation of a surgical lesion at a motion segment level clearly necessitating fusion, annuloplasty is not deemed to be medically necessary at that level. I strongly recommend continued conservative management in this clinical setting.

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.