

NOTICE OF INDEPENDENT REVIEW DECISION

Date: December 1, 2003

RE: MDR Tracking #: M2-04-0342-01
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 back and leg pain allegedly related to a compensable work injury on ___.

Requested Service(s)

IDET at L4/5, L5/S1

Decision

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

Rationale/Basis for Decision

Generally there are certain criteria that must be met for IDET (Saal and Saal, Spine, February 2000). These criteria are 1) function limiting low back pain of at least 6 months duration; 2) a normal neurologic exam; 3) negative straight leg raise test on physical exam; 4) discography demonstrating concordant pain with low pressure and low volume injectate; 5) MRI which did not demonstrate a compressive lesion; 6) the claimant must be a candidate for interbody fusion, offered surgery and declined. Peer reviewed literature of large studies with long term follow up has not provided any cause for this reviewer to deviate from the strict criteria published by Saal and Saal. According to the documentation provided the claimant exhibits a positive discogram at L3/4 with a normal MRI at that level. Discography is a controversial test that can demonstrate anatomic abnormality in asymptomatic people and subjective response can be widely skewed particularly with psychological issues.

In this case, a subjective response was elicited at a normal motion segment level. There is no documentation to support the claimant is a candidate for interbody fusion. An MRI report dated 5/29/02 indicates 2mm disc bulges at L4/5 and L5/S1 with normal disc height and disc dehydration. There is no documentation of significant surgical lesion at the L4/5 or the L5/S1 motion segment levels to indicate the medical necessity of fusion. There is no documentation that fusion has been discussed with the claimant and that the claimant has refused this procedure. 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.