

NOTICE OF INDEPENDENT REVIEW DECISION

Date: December 8, 2003

RE: MDR Tracking #: M2-04-0398-01
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 1. 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 is a 32 year old female with history low back on ___ while working for ___. Her injury is described as occurring while pulling a pallet of batteries with a pallet jack. She was walking backwards at the time. On 12/6/02 she was seen by ___ orthopaedic surgeon. He noted at that time full lumbar motion. She has normal strength and sensation and symmetrical reflexes. A lumbar MRI done on 8/28/02 was read as normal by ___, who is a board certified Neuroradiologist. ___ interpreted the same MRI as essentially on 3/8/03.

Requested Service(s)

Discography

Decision

I agree with insurance that this service is not medically necessary.

Rationale/Basis for Decision

Discography is not recommended when the MRI shows no disc pathology. Discography has been shown to be unreliable in Worker's Compensation cases. The North American Spine Society Guidelines do not recommend discography in cases with the above findings. These guidelines were published in 2000 by the North American Spine Society. The worker's compensation studies were presented to the North American Spine Society in 1996 and 1997.

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.