

**THIS DECISION HAS BEEN APPEALED. THE  
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:**

**SOAH DOCKET NO. 453-04-2313.M2**

December 15, 2003

**NOTICE OF INDEPENDENT REVIEW DECISION**

**RE: MDR Tracking #: M2-04-0424-01**

\_\_\_ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The \_\_\_ IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to \_\_\_ for independent review in accordance with this Rule.

\_\_\_ has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing physician on the \_\_\_ external review panel. The reviewer has met the requirements for the ADL of TWCC or has been approved as an exception to the ADL requirement. This physician is board certified in neurosurgery. The \_\_\_ physician reviewer signed a statement certifying that no known conflicts of interest exist between this physician and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to \_\_\_ for independent review. In addition, the \_\_\_ physician reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a 31 year-old female who sustained a work related injury on \_\_\_. The patient reported that while at work she was moving a table across the room when she injured her back. An MRI of the lumbar spine dated 2/20/03 revealed L4-L5 herniated nucleus pulposus with left L5 root displacement and posterior annular tear at L4-L5 and L5-S1 facet degenerative joint disease. An EMG dated 7/31/03 indicated lumbar radiculopathy involving left L5 spinal nerve roots. Diagnoses for this patient have included posterior annular tear at L4-L5 with left bulge, herniated pulposus, left L5 root displacement. Treatment for this patient's condition has included a series of three epidural steroid injections on 2/20/03, 5/23/03 and 5/30/03, medications and physical therapy consisting of passive therapy, ultrasound, electrical stimulation, ice and heat.

### Requested Services

Discogram with CT L3-L4, L4-L5 and L5-S1

### Decision

The Carrier's denial of authorization for the requested services is upheld.

### Rationale/Basis for Decision

The \_\_\_ physician reviewer noted that this case concerns a 31 year-old female who sustained a work related injury to her back on \_\_\_\_. The \_\_\_ physician reviewer also noted that the diagnoses for this patient have included posterior annular tear at L4-L5 with left bulge, herniated pulposus and left L5 root displacement.

The \_\_\_ physician reviewer further noted that treatment for this patient's condition has included a series of three epidural steroid injections on 2/20/03, 5/23/03, and 5/30/03, medications and physical therapy consisting of passive therapy, ultrasound, electrical stimulation, ice and heat. The \_\_\_ physician reviewer explained that the value of CT Discogram in this patient is unclear. The \_\_\_ physician reviewer indicated that this patient has radiculopathy and there is no evidence of discogenic back pain. The \_\_\_ physician reviewer explained that this patient's diagnoses are more commonly treated with physical therapy, selective nerve root blocks and epidural steroid injections (CT guided). The \_\_\_ physician reviewer also explained that the documentation provided does not demonstrate further nonoperative treatments have been tried and failed indicating the need for a lumbar discogram with CT scan to follow. Therefore, the \_\_\_ physician consultant concluded that the requested discogram with CT L3-L4, L4-L5 and L5-S1 is not medically necessary to treat this patient's condition at this time.

This decision is deemed to be a TWCC Decision and Order.

## **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)** days of your receipt of this decision. (20 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)** 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. (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings/Appeals Clerk  
P.O. Box 17787  
Austin, TX 78744  
Fax: 512-804-4011

**A copy of this decision should be attached to the request.**

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute. (Commission Rule 133.308(t)(2)).

Sincerely,

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 15<sup>th</sup> day of December 2003.