

December 19, 2003

Re: MDR #: M2-04-0443-01
IRO Certificate No.: 5055

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to ___ for an independent review. ___ has performed an independent review of the medical records to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is Board Certified in Orthopedic Surgery.

Clinical History:

This is a 44-year-old female who had a work-related injury on ___ and has pain in her back and legs. In December 2002 she had an extensive workup including an MRI of disks at L4-5 and L5-S1. She failed to respond to conservative treatment, and she was felt to be a candidate for an IDET procedure on the basis of her "positive diskogram."

Disputed Services:

Proposed IDET L4-5 & L5-S1 (22899)

Decision:

The reviewer agrees with the determination of the insurance carrier in this case. The proposed procedure is not medically necessary.

Rationale:

The examinee was denied the IDET procedure based on lack of availability of the diskogram report. The literature as quoted from Saal and Saal will not be repeated. In addition to this criteria from Saal and Saal, one refers to the *Spine Journal* article by Dr. Nikolai Bogduk and Dr. Michael Karasek. They note for a disk to be deemed positive, infiltration of the disk has to reproduce the patient's accustomed pain, whereas infiltration of adjacent disks did not, and the painful disk had to exhibit a radial picture reaching at least the outer third of the annulus fibrosis but with the outer perimeter of the annulus being intact. That is, the fissure does not communicate with the epidural space. Due to the combination of response, the radiographic pictures were considered negative or indeterminate.

In the Saal and Saal article in *Spine*, May 2000, they note in their criteria for inclusion, if the patient failed to improve with aggressive non-operative care and additional criteria for study inclusion were met, discography was undertaken. For study inclusion, the diskogram had to reproduce concordant pain at low pressure (i.e., at less than or equal to 1.25 mL dye volume) at one or more levels, and a maximum of three levels, with adjacent control levels not demonstrating pain reproduction. Concordant pain reproduction was defined as a reproduction of the patient's typical back symptoms.

The examinee met some of the criteria and had symptoms long enough, which goes along with the criteria. The examinee had low back pain, and the diskogram was positive with concordant pain noted at the L5-S1 level but not the L4-5 level which had some pain and disk degenerative pattern and annular tear, but did not reproduce the patient's symptomatology. It should be noted, however, that the amount of contrast material used was greater than the 1.25 mL reflected in the criteria by Saal and Saal. Also, the CT post diskogram showed some contrast material outside the disk margin at L4-5 and also L5-S1. This contradicts the criteria noted by Bogduk and Karasek. One of the criteria for IDET procedure is to have no radicular signs. There were many spots in the records where the treating doctor diagnosed low back pain and radicular signs in the legs and this does not fit this category.

Against granting permission for the IDET procedure, there is low back pain with radicular symptoms and the diskogram with volume greater than the Saal and Saal recommendations and inclusion criteria. Also, there was no recent MRI to rule out a compressive lesion.

I am the Secretary and General Counsel of ___ and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this care for determination prior to referral to the Independent Review Organization.

We are simultaneously forwarding copies of this report to the payor and the Texas Workers' Compensation Commission. This decision by ___ is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of this 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 ten (10) days** of your receipt of this decision (28 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 twenty (20) days** of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you **five (5) 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
Texas Workers' Compensation Commission, MS-48
7551 Metro Center Dr., Ste. 100
Austin, TX 78744-1609

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.

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 December 19, 2003.

Sincerely,