

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

January 13, 2004

Re: IRO Case # M2-04-0532

Texas Worker's Compensation Commission:

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to ___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Neurological Surgery, and who has met the requirements for the TWCC Approved Doctor List or who has been granted an exception from the ADL. He or she has signed a certification statement attesting 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 referral to ___ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the ___ reviewer who reviewed this case, based on the medical records provided, is as follows:

History

The patient is a 33-year-old male who in ___ tried to catch some falling equipment and injured his right shoulder and low back, with extension of the low back pain into the right lower extremity. There was a minor fracture of the proximal humerus, and this led to the discovery of a cystic lesion in the area. This was proved by biopsy not to be secondary to malignant disease. A 12/2/02 MRI of the lumbar spine showed L5-S1 spondylolisthesis, with some bulging of the disk without lateralization.

Chiropractic treatment was of not help. Epidural steroid injections were tried without benefit. Discography was performed on 9/17/03 at the L3-4, L4-5, L5-S1 levels. No completely concordant pain was present at any of the levels, and it was specifically stated that there was no concordant pain at the L3-4 level, and that the disk appeared to be normal at that level. Subsequent information from one of the treating surgeons indicated that, “the patient states that very definitely the L3-4 disk was painful and was probably the most painful disk injected.”

Requested Service(s)

Lumbar diascogram with CT scan

Decision

I agree with the carrier’s decision to deny the requested repeat discogram.

Rationale

Although discography is questionably significant as a diagnostic tool, according to some well-respected surgeons, it is definitely not a tool to be used as a repeat procedure after the disks have previously evaluated with the technique. On the first discogram, the discographer indicates the L3-4 level was normal. It is very doubtful that the patient could tell which disk was injected when he stated that the 3-4 disk was the painful one. In my extensive experience with discographic evaluation, the patient rarely knew which disk was being injected. In fact, a good discographer would go out of the way to make sure that that the disk that was being injected was not known to the patient. Repeat discography in the circumstances here, could lead to a rather extensive surgical procedure, because one must assume that if all four disk levels showed partial concordant pain, then fusion at all four levels could be thought indicated, which would not be the case. There is enough evidence in this case to consider fusion at the L4-5 and L5- S1 levels without pursuing discography. Repeat discography would be a diasgnostic tool that could lead to more confusion than help.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

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.

In accordance with Commission Rule 102.4 (b), I hereby certify that a copy of this Independent Review Organization (IRO) decision was sent to the carrier and the requestor or claimant via facsimile or US Postal Service from the office of the IRO on this 16th day of January 2004.