

**NOTICE OF INDEPENDENT REVIEW DETERMINATION
REVISED 1/28/04**

MDR Tracking Number: M2-04-0553-01
IRO Certificate Number: 5259

January 22, 2004

An independent review of the above-referenced case has been completed by a medical physician board certified in neurosurgery. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by ____, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

___ hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to ___.

Notice of Independent Review Determination

CLINICAL HISTORY

This is a 51-year-old woman who, in ___ injured herself at work. Apparently she tripped across a cord and she fell flat on her behind. Since then she developed thoracic and, to a much greater degree, low back pain. For that low back pain she has been seeing a chiropractor. Further, she has been treated with physical therapy and non-steroidal anti-inflammatory agents, none of which has led to relief. In anticipation of a surgical procedure, ___ recommends a lumbar discogram.

REQUESTED SERVICE (S)

Lumbar discogram.

DECISION

It is entirely reasonable to perform a lumbar discogram in this setting.

RATIONALE/BASIS FOR DECISION

This patient has failed conservative management. She has failed the passage of time. She is desirous of a surgical procedure after a discussion of the other options and two MRI scans have shown abnormalities in her lumbosacral discs. That, unfortunately, is not sufficient data to proceed on with a surgical procedure and a discogram would be helpful in confirming that L5 was indeed the painful disc.

This decision is based upon nationally recognized authorities and generally accepted surgical practices.

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) calendar days of your receipt of this decision (20 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 **20** (twenty) calendar 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 or the date of fax (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings/Appeals Clerk
Texas Workers' Compensation Commission
P.O. Box 17787
Austin, Texas 78744

Or fax the request to (512) 804-4011. A copy of this decision must be attached to the request.

The party appealing the decision shall deliver a copy of its written request for a hearing to the opposing party involved in the dispute.

In accordance with Commission Rule 102.4(h), 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 23rd day of January 2004.