

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

SOAH DOCKET NO. 453-04-4332.M2

January 30, 2004

Re: MDR #: M2-04-0600-01
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.

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.

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:

The claimant is a female who was involved in an accident on ___ at work. She was treated for over a year by a Doctor of Chiropractic with soft tissue modality and had epidural steroid injections. Evaluation by several other doctors persisted in localized neck and low back pain with radiation into the upper and lower extremities. After a failure of conservative treatment, it was felt that she needed cervical spine surgery and recommended and requested discography to properly delineate the proper level for surgery.

Disputed Services:

Discogram with post CT scan.

Decision:

The reviewer agrees with the determination of the insurance carrier and is of the opinion that the procedures in dispute as stated are not medically necessary in this case.

Rationale:

Referring to ___ work on the spine, there are several articles in 1999 and 2000 regarding the rate of false positives in lumbar discography with subjects without low back symptoms and another article on false positive findings in lumbar discography. ___ question: "Does provocative discography identify a reliable, objective, clinical finding that is commonly found as a primary pathology in patients suffering from significant low back pain illness?"

He notes that for subsequent discography, there should be no concurrent or history of other chronic pain process going on. In this individual, the low back pain is almost equal or sometimes greater than the neck pain.

He also notes that "There should be normal psychometric, no reactive depression, anxiety, or somatic distress." It is unspecified in the physician's request how many levels he wishes to evaluate and why these levels are chosen. The lumbar discography is unlikely to give a satisfactory and reliable result with this patient's present complaints and condition.

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 January 30, 2004

Sincerely,