

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

**SOAH DOCKET NO. 453-04-4638.M2**

**NOTICE OF INDEPENDENT REVIEW DECISION**

**Date:** March 5, 2004

**MDR Tracking #:** M2-04-0792-01  
**IRO Certificate #:** 5242

\_\_\_ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to \_\_\_ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

\_\_\_ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by an Orthopedic Surgeon reviewer (who is board certified in Orthopedic Surgery) who has an ADL certification. The physician reviewer has signed a certification statement stating 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 the referral to for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

**Clinical History**

The claimant has a history of chronic neck pain allegedly related to a compensable work injury on \_\_\_.

**Requested Service(s)**

Cervical discogram with CT scan of C3 through T1

**Decision**

I agree with the insurance carrier that the requested intervention is not medically necessary.

**Rationale/Basis for Decision**

Generally there is no indication for a discogram to determine if the injured worker has discogenic pain unless and until documentation of the level of that pain, exhaustion of conservative treatment and radiographic findings indicate fusion to be under active consideration (Pain Phys 2003; 6:3-81). Discography is a controversial test that can demonstrate anatomic abnormality in asymptomatic people and subjective response can be widely skewed particularly with psychological issues. Discography is not a primary diagnostic tool but a confirmatory study in the presence of an established diagnosis of a significant disc condition when spinal fusion is

anticipated. Upon review of all information provided, there is no documentation that fusion is under active consideration. There is no documentation of a surgical lesion at C3/4 or C7/T1. An MRI report dated 3/28/03 indicates a disc bulge at C3/4. There is no documentation of significant collapse of instability at this motion segment level.

Furthermore, a myelogram dated 5/21/02 indicates no significant narrowing of the spinal canal or flattening of the cervical cord. An EMG/NCV study report dated 7/2/03 documents a normal study with no evidence of radiculopathy. There is no documentation of exhaustion of conservative measures of treatment including but not limited to oral nonsteroidal and steroidal anti-inflammatory medications, bracing, and physical therapy emphasizing dynamic spinal stabilization/McKenzie. I strongly recommend continued conservative management in this clinical setting.

### **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 (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.