

## NOTICE OF INDEPENDENT REVIEW DETERMINATION

MDR Tracking Number: M2-04-0807-01  
IRO Certificate No.: 5259

February 27, 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 \_\_\_.

### CLINICAL HISTORY

This is a 42-year-old woman who injured herself slightly over a year ago when she fell off a stop of a bus that she was cleaning. As stated in the medical records her low back hit the side of the curb and then at that point she began having low back pain which has continued to date. Prior to that there is no history of low back pain. Her pain has reached an 8 on a scale from 0-10 and it is increased with virtually any type of movements. Clinically she has been treated with chiropractic care. She has been described as having extensive therapy and a back stabilization program as well as work hardening program and different medications including anti-inflammatory medications, muscle relaxants and pain medicines. She has had an MRI scan which shows an L4 disc protrusion on that study. She has also had a discogram which reportedly found concordant pain and positive provocation. Also noted in this chart is a hand-written notation in the chart that states "L4-5 has a large annular tear with epidural extravasation of the dye." However, the actual report of the discogram notes a central posterior annular tear with contrast confined to the outer limits of the annulus. Further, there is no discussion of the provocative portion of this and whether this pain was

concordant or not. A request has been made that this patient have a selective endoscopic discectomy with annuloplasty and it has been denied.

REQUESTED SERVICE (S)

Selective endoscopic discectomy and annuloplasty.

DECISION

The request for a selective endoscopic discectomy and annuloplasty is not at this time reasonable.

RATIONALE/BASIS FOR DECISION

It certainly appears as if this patient does indeed have mechanical low back pain. That pain is almost certainly related to the injury she sustained a year ago. The first step in the treatment of low back pain is to address all remediable factors. Within the medical records this patient is noted to be a smoker and no mention is made to stop that practice. Further, no mention is made of this patient's size or whether weight loss is an appropriate treatment. Her current medicines are not listed, so there is no way of assessing what she is doing for a reduction of pain and whether cessation of narcotics is appropriate or altering of anti-inflammatory agents is appropriate. Within the medical records is a note about a work conditioning program. Again, there is no information with regards to this patient's physical conditioning and of course the patient's conditioning level is paramount to determining the success of any type of intervention for mechanical low back pain, much less a surgical procedure.

\_\_\_ has used the North American Spine Society's recommendations to justify the use of his discogram. As the previous reviewer stated, this is definitely not standard of care. This procedure is noted to be quite inconsistent and the one year efficacy is greatly in doubt.

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 2<sup>nd</sup> day of March 2004.