

NOTICE OF INDEPENDENT REVIEW DETERMINATION

MDR Tracking Number: M2-04-0829-01

March 2, 2004
IRO Certificate# 5259

An independent review of the above-referenced case has been completed by a chiropractic doctor. 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

___ a 45-year-old female, sustained injuries to her neck, low back and both knees when a stack of bedding cots fell on top of her while she was working at ___. She presented the following day to ___ a chiropractor who diagnosed her with acute moderate cervical sprain/strain, acute moderate lumbar sprain/strain, post-traumatic cephalgia and bilateral knee contusions. She was placed on a conservative treatment régime consisting of chiropractic manipulation and adjunctive physiotherapeutic modalities. She had some x-rays taken on 11/18/02, which revealed degenerative changes in the cervical spine. X-rays of the knee revealed mild enthesopathy of the superior left patella. MRI of the lumbar spine was negative. She was referred for physical therapy which included McKenzie exercises in November 2002, returning to some more chiropractic care in December. Electro-diagnostics were performed December 2002, and these were negative. Care continued until February 2003 when she saw ___. Assessment was right lumbar radiculopathy and lumbar facet syndrome. CT scan revealed minimal anterior spondylosis and moderate aorto-iliac calcification. Lumbar facet injections were undertaken with some good but temporary relief. Patient continued with medications including trazodone, Robaxin and hydrocodone. She then underwent some lumbar epidural steroid injections, which again provided for some relief for about one month. In ___ ordered a myelogram, which again was negative. He started a medication régime including Wellbutrin for onset of chronic pain syndrome. This was later changed to amitriptyline. In December 2003, the patient continued with complaints of low back pain and right leg pain, pain level 5-8/10 and constant.

Intermittent tingling in the right toes was reported. Remarkable exam findings included reduced lumbar motion ranges, 45° right SLR, producing posterior leg pain, left SLR 60°, producing back pain.

Reflexes normal, sensation normal. At this point, ___ recommended a discogram.

REQUESTED SERVICE (S)

Prospective medical necessity of lumbar discogram with CT scan

DECISION

There is establishment of medical necessity for a lumbar discogram with CT scan.

RATIONALE/BASIS FOR DECISION

This patient continues with pain that is most likely discogenic in origin, with positive exam findings indicating such. She has responded to previous interventions, and with only temporary relief. She is obviously not a surgical candidate, although it appears that she is heading in the direction of more aggressive pain management requirements. She has exhausted all lower-level therapeutic intervention options, with only temporary effect. Although unfortunately the documentation is some what lacking with respect to describing the rationale for the discogram and subsequent anticipated intervention plan, at this point it would seem like it is at relevant precursor to determining necessity for further more aggressive pain management interventions such as IDET / annuloplasty / nucleoplasty etc.

The above analysis is based solely upon the medical records/tests submitted. It is assumed that the material provided is correct and complete in nature. If more information becomes available at a later date, an additional report may be requested. Such and may or may not change the opinions rendered in this evaluation.

Opinions are based upon a reasonable degree of medical probability and are totally independent of the requesting client.

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 2nd day of March 2004.