

## NOTICE OF INDEPENDENT REVIEW DECISION

**Date:** March 26, 2004

**MDR Tracking #:** M2-04-0847-01-SS  
**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 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 back pain allegedly related to a work compensable injury on \_\_\_.

### **Requested Service(s)**

Percutaneous discectomy and nucleoplasty bilateral L4-5

### **Decision**

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

### **Rationale/Basis for Decision**

Generally, clinical work-up of a neurocompressive lesion includes EMG/NCV studies and contrast imaging prior to any consideration of surgical decompression for a diagnosis of lumbar radiculopathy. There is no documentation of EMG/NCV studies supporting a diagnosis of lumbar radiculopathy at the L4-5 level or corresponding anatomical defect consistent with an isolated neurocompressive lesion that would necessitate decompression in this clinical setting. EMG/NCV study report dated July 18, 2002 does not document any radiculopathy at L4-5.

Generally a discogram is performed at levels where there is a suspected surgical lesion plus at least one level as a control. There is no documentation of a control according to the discography reported dated 12/3/03. The disc at L3-4 was injected and was abnormal with reproduction of pain. The control disc at L2-3 could not be entered.

Furthermore, there is no clear documentation of concordant pain at the L4-5 level.

The claimant reportedly had pain radiating to the upper and lower extremities with numbness, tingling and weakness in the same distribution on 9/30/03. At the time of the discogram on 12/3/03, there is no specific documentation of pain radiating to the upper and lower extremities with numbness, tingling and weakness. Finally, there is no documentation of a significant neurocompressive lesion according to imaging studies to indicate the medical necessity of decompression. The claimant has a chronic pain syndrome without a clearly identified pain generator site. There is no documentation of exhaustion of conservative measures of treatment including, but not limited to, oral non-steroidal and steroidal anti-inflammatory medication, bracing, and physical therapy emphasizing dynamic spinal stabilization (McKenzie). Further conservative management is strongly advised.

### **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.