

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

SOAH DOCKET NO. 453-04-5852.M2

May 3, 2004

**REVISED REPORT
Corrected date of injury in "Clinical History"**

Re: MDR #: M2-04-0865-01
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.

Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. 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 and is currently listed on the TWCC Approved Doctor List.

REVIEWER'S REPORT

Information Provided for Review:

TWCC-60, Table of Disputed Services, EOB's
Treating doctor and pain management specialist's notes – 05/28/03 thru 02/02/04
Therapy notes – 06/16/03 thru 02/16/04
PPE, ROM and other testing - 06/09/03 thru 12/10/03
Operative report 12/19/03; radiology

Clinical History:

This 26-year-old female injured her back ___ while at work. She felt a pop in the back with low back pain, which went to the left lower extremity. She failed to

respond to a number of therapeutic modalities, including epidural steroid injection times 1, a facet block, physical therapy and chiropractic treatment, anti-inflammatory medication, various other medications, and represented a failure of conservative treatments and surgery is being considered for her.

Disputed Services:

Lumbar discogram.

Decision:

The reviewer disagrees with the determination of the insurance carrier and is of the opinion that a lumbar discogram is medically necessary in this case.

Rationale:

The previous review and denial of discogram, which is based on the work of Dr. Carragee, stated that discograms are reportedly unreliable as far as predictors of success following surgery. The reviewer discussed this case with a fellowship-trained spinal surgeon. Based on the symptoms, physical examination, MRI scan, and failure of conservative treatment, the examinee appears to meet the criteria related to a discogram in the lumbar area.

The discogram necessarily has to be carried out in the proper fashion at L4/L5 and L5/S1 plus normal control at each level with adequate control pressures followed by a post discogram CT for anatomical studies, as well as apparent documentation of present concordant symptoms. Some patients appear likely to need surgery and need to locate the correct disc levels. Based on the need for spinal surgery and the other more clear-cut disc deterioration at lower levels, surgery is being considered by the doctor and this patient. Thus, discogram would be a logical next step, keeping in mind Dr. Carragee's work. This decision is based on consideration of Dr. Carragee's work and other documentation presented at the American Academy of Disability Evaluation Physicians in New Orleans in 2003.

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 May 3, 2004.

Sincerely,