

May 3, 2004

REVISED REPORT
Corrected date of injury in “Brief Clinical History”

Re: MDR #: M2-04-0882-01
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 and EOB’s
Office notes – 08/25/99 thru 02/19/04 (Neurosurgical Assoc. of S.A.)
H&P, operative reports(___) and discharge summary – 07/26/00
MRI of lumbar spine w/o and with enhancement – 09/04/03

Clinical History:

The patient is a 63-year-old female who injured her neck and low back at work on _____. Prior to that injury, on July 26, 2000, she underwent a fusion from L4 to the sacrum for degenerative disc disease and spinal stenosis. In November of 2001, she developed right leg symptoms mainly characterized as numbness in the right foot, and physical examination demonstrated hip algnesia over the dorsal lateral aspect of the right foot.

A lumbar MRI demonstrated stenosis at the L3/4 level due to posterior element hypertrophy, and a neurosurgery consult dated January 9, 2003 indicates the patient was injured attempting to support a patient while working at ____ inconsistent with her prior history. Because of persistent low back symptoms, the patient was advised a discogram at L3/4 and anticipation of additional surgery. ____ states on February 11, 2003 "If she does wish to proceed with surgery on the back, I would precede this with a discogram. I would like to corroborate the pain generator and also get post-discogram CTs for a more detailed look at the facet complex at 3/4."

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:

According to Chapman's Orthopaedic Surgery, 3rd Edition, chapter 145 (*Degenerative Disc Disease*) "Discography should be performed only as a preoperative test in psychologically normal patients with positive MRI findings and after aggressive nonsurgical measures have failed. In patient's with multilevel or equivocal MRI findings, a discogram is used to detect the symptomatic level." In chapter 149 (*Management of the Patient with Failed Low Back Surgery*), "We agree with the North American Spine Society Physician Statement on Discography, which advocates discography in the evaluation of a patient with unremitting spinal pain of more than a 4-months duration only when the patient and physician have decided that surgical treatment is under consideration.

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,