

April 27, 2004

Re: MDR #: M2-04-1032-01  
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  
Correspondence and references to publications  
Designated doctor evaluation – 08/11/03  
Office notes – 05/21/02 thru 02/25/04 (\_\_\_, \_\_\_ & \_\_\_)  
PPE, FCE & electrodiagnostic testing – 09/20/02 thru 12/12/03  
Procedure notes – 5/6, 6/24, 10/15/03 & 01/08/04.  
MRI – 5/20/02; myelogram 11/08 & 11/09/02; X-ray 04/15/02

#### **Clinical History:**

The patient is a 47-year-old male who injured his low back on \_\_\_\_. The patient complains of low back and right leg pain. The patient has no evidence of neurological deficit. Electrodiagnostic testing dated 9/20/01 demonstrated L5 radiculopathy. CT myelogram report dated 11/9/02 demonstrated moderately severe bilateral subarticular recessed stenosis due to disc bulging, facet DJD, and congenitally short corticals at L4/5.

#### **Disputed Services:**

Lumbar discogram w/CT scan.

#### **Decision:**

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

**Rationale:**

The patient has evidence of degenerative disc disease. Although discography is controversial, according to the Chapman's Orthopaedic Surgery, 3<sup>rd</sup> Edition, chapter 145, "Discography represents the only provocative method available to assess patient's with a possible discogenic pain generator. Properly performed, discograms may be able to directly identify a cause and effect relationship between radiologic signs of degenerative discs and clinical symptoms of lumbar pain".

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 April 27, 2004

Sincerely,