

NOTICE OF INDEPENDENT REVIEW DECISION

Date: April 13, 2004

RE: MDR Tracking #: M2-04-1035-01
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 Surgeon 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 is a 35 year old 286 pound male with a history of a lifting injury on ___. The claimant complains of continuing low back pain since date of injury. Neurologic examination is negative and straight leg raising is negative. Findings on MRI 8-3-00 indicate disc desiccation at L4 and L5 with a 5-6 mm central disc protrusion at L4 with no foraminal stenosis and a broad based disc bulge 2-3mm at L5 without foraminal stenosis.

Requested Service(s)

Discography at 3 levels L3-L5.

Decision

I agree with the insurance carrier that this service is not medically necessary.

Rationale/Basis for Decision

It is established that discography is unreliable as a study to predict source of pain in Worker's compensation cases. The 4 studies by Carragee et al at Stanford that have been presented at the ___ cast significant doubt on the reliability and validity of discography. The ___ now expresses doubt about the reliability of discography. Herkowitz et al, in the JAAOS vol. 3, #3 1995 note that arthrodesis has a poor success rate when used to treat low back pain associated with lumbar degenerative disease. Discography should never be done unless there are surgical indicators or indicators for invasive procedures which this gentleman does not have.

He has no criteria for invasive procedures that meet requirements of the AHCPR Guide #14. The above opinion is within reasonable medical certainty.

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.