

MDR Tracking Number: M2-04-1048-01  
IRO Certificate # 5259

April 16, 2004

An independent review of the above-referenced case has been completed by a medical physician board certified in neurosurgery. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by \_\_\_ or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

\_\_\_ hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to \_\_\_.

#### CLINICAL HISTORY

This is a 22-year-old woman who was apparently injured sometime in mid to late \_\_\_. She recalls lifting a box of cards which resulted in low back pain. She was initially evaluated by a physician in January of 2002, complaining of significant low back pain. She was given anti-inflammatory agents and a steroid dose pack with no substantial improvement. An MRI scan was performed the next month which showed a very minimal L5 disc bulge. Everything else was felt to be within normal limits. She has subsequently had a repeat MRI scan in July of 2003 and this too is felt to be essentially within normal limits. She has also had a discogram at both L4 and L5 with notation of good concordance of pain at L5. She had a lumbar epidural injection with no substantial improvement and she has also had an EMG and nerve conduction study which is felt to be within normal limits. Currently the patient is being seen by \_\_\_ who would like to perform an intradiscal thermal annuloplasty with possible facet joint injections.

#### REQUESTED SERVICE (S)

Outpatient IDET Procedure.

#### DECISION

Approved.

RATIONALE/BASIS FOR DECISION

This is a 22-year-old female who has not been progressing for the last two years due to low back pain. This patient has indeed been experiencing pain for two years which has been somewhat resistant to modest non-surgical management. She has already been reviewed from a surgical standpoint and ironically has been given permission to have a surgical procedure, so there is definitely consideration to fusing this 22-year-old woman's back. Given that she has had both physical therapy and non-steroidal anti-inflammatory agents, ultimately oral steroids and then an epidural injection, there is not much more that can be done. Given that she has also had a provocative discogram at this level, intradiscal thermal annuloplasty is a warranted procedure in this individual patient.

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 (20 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 **20** (twenty) calendar days of your receipt of this decision (28 Tex. Admin. Code 148.3)

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings/Appeals Clerk  
Texas Workers' Compensation Commission  
P.O. Box 17787  
Austin, Texas 78744

Or fax the request to (512) 804-4011. A copy of this decision must be attached to the request.

The party appealing the decision shall deliver a copy of its written request for a hearing to the opposing party involved in the dispute.

In accordance with Commission Rule 102.4(h), 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 this 20<sup>th</sup> day of April 2004.