

NOTICE OF INDEPENDENT REVIEW DECISION

April 21, 2004

MDR Tracking #: M2-04-1057-01
IRO Certificate #: IRO4326

The ___ 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 a ___ physician reviewer who is board certified in Anesthesiology which is the same specialty as the treating physician. 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

This 38 year old male was picking up a manhole cover, which had been secured in place and strained his back. The patient does not know the exact date of injury; however, the records show it to have occurred on ____. His pain radiates from the right side of his back to his right buttock to his right posterior thigh, and occasionally to this knee. On 10/16/02, his MRI of the lumbar-sacral spine showed L5-S1 annular tears, both centrally and bilaterally. On 12/19/03, his EMG study was normal. The treatment plan included lumbar epidural steroid injections, physical therapy, exercises, and medications.

Requested Service(s)

Provocative lumbar discogram at three levels under fluoroscopy with post CT scan

Decision

It is determined that the provocative lumbar discogram at three levels under fluoroscopy with post CT scan is medically necessary.

Rationale/Basis for Decision

The patient has persistent axial low back pain that has not responded to physical therapy, epidural steroid injections and medications. The MRI reportedly showed annular tears at L5-S1. The diagnostic discography is indicated to determine the pain generator.

This procedure is important and appropriate to plan additional treatment. Therefore, the provocative lumbar discogram at three levels with post CT scan is medically necessary.

This decision by the IRO is deemed to be a TWCC decision and order.

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 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, Fax: 512-804-4011.

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in this dispute.

Sincerely,

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 21 st day of April 2004.
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