

MDR Tracking Number: M2-04-1140-01
IRO Certificate # 5259

May 12, 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 42-year-old woman who apparently was injured in ____. There was no information with regards to the injury and only information from 2001 to date. Essentially she has been complaining of what has been described as a cervical radiculopathy as well as a lumbar radiculopathy as well as a lumbar radiculopathy and pain throughout most of her body as described on her pain diagrams. She had an MRI of the cervical spine which shows C5 and C6 herniated nucleus pulposus and she has had a lumbar spine MRI which shows an L5 bulging disc. She has been followed by pain management physicians and orthopedic surgeons and more recently it has been recommended that she have a discogram involving both the cervical and lumbar spine to decide whether she needs a nucleoplasty in the lumbar spine and/or a cervical fusion at C5 and C6.

REQUESTED SERVICE (S)

Cervical and lumbar discogram

DECISION

Lumbar discogram approved.
Cervical discography denied.

RATIONALE/BASIS FOR DECISION

Firstly, as far as the lumbar discogram, this woman apparently has had multiple interventions, including epidural injections without any long-lasting sustained relief. She does have, by report, degeneration of the lumbosacral disc with a slight bulge. There is no correlation established on how this related to what has been described as a lumbar radiculopathy and her physical exams are quite scant and really do not support that particular statement, but it is not necessary for a patient to have lumbar radiculopathy to be appropriate for a lumbar discogram. Please refer to the North American Spine Society's recommendation for justification.

As far as the cervical discography, the basis is to decide whether a fusion should be done at both C5 and C6. She has been described as having cervical radiculopathies. Again, like the lumbar, there is very little clinical description of these cervical radiculopathies and no mention of weakness, dermatomal loss, reflex changings or nerve root tension signs. Prior to any consideration for a surgical procedure, and therefore any procedure that is used to determine whether that procedure should be performed, a complete physical exam would be performed. If there is presence for a cervical radiculopathy, a discography would not be necessary. It would be appropriate at this point to perform a cervical fusion. Cervical discography is extraordinarily controversial, much more so than lumbar discography, and should not be the deciding factor for a cervical fusion.

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 12th day of May 2004.