IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

May 27, 2004

Re: IRO Case # M2-04-1147

Texas Worker's Compensation Commission:

____ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to ___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Neurological Surgery, and who has met the requirements for the TWCC Approved Doctor List or who has been granted an exception from the ADL. He or she has signed a certification statement attesting 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 referral to ___ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the ___ reviewer who reviewed this case, based on the medical records provided, is as follows:

Medical Information Reviewed

1. Table of disputed services
2. Denial letters
3. Letter from surgeon 3/2/04
4. History, physical and neurological examination report 2/11/04
5. Surgeon notes 2004 Employers first report of injury
6. Peer review 4/19/04
7. Radiology report 12/1/03
8. MRI report lumbar spine 2/10/02
9. Electrodiagnostic studies report 10/8/02
10. Designated doctor evaluation 9/12/03, 4/4/03
11. Reports of previous surgeon 2003
12. Clinic notes from D.O. 2003
13. Reports of ESIs
14. Evaluation report 6/25/03
15. IME report 8/21/03
16. Letter of medical necessity for neuro-muscular stimulator 9/22/02
17. Evaluation report 3/24/03
18. Psychological test report 4/2/03 Rehab examination form7/30/02

History
The patient is a 41-year-old male who in ___ was unloading heavy boxes and developed pain in his low back that soon extended into his right groin and into his right buttock region. Chiropractic treatment, physical therapy, and epidural steroid injections have been unsuccessful in treating his problem. The patient had had lumbar spine problems two years before this, and had done well with physical therapy. His neurological examination shows a diminished right Achilles reflex and positive straight leg raising on the right. A 12/10/02 MRI suggested a left L5-S1 HNP that is 3mm in size, with possible nerve root compression. A CT myelogram on 12/1/03 showed right sided L4-5 and L5-S1 changes, possibly surgical in their degree.

Requested Service(s)
Lumbar discogram with CT scan

Decision
I agree with the carrier's decision to deny the requested discogram.

Rationale
The patient has significant lower extremity pain, and there are physical findings that suggest nerve root compression as the source of this pain as well as the back pain. Discographic evaluation is usually not helpful under these circumstances in coming to conclusions as to which level should be dealt with. It would be difficult to determine a result on discography that would alter a therapeutic approach. There is already enough evidence that in a "last resort" situation, which based on the records, is present in this case, a procedure at the L5-S1 and L4-5 levels consisting of disk removal and decompression may be helpful. Discography would probably only "confuse" the therapeutic approach.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to 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.

Sincerely,

In accordance with Commission Rule 102.4 (b), I hereby certify that a copy of this Independent Review Organization (IRO) decision was sent to the carrier and the requestor or claimant via facsimile or US Postal Service from the office of the IRO on this 28th day of May 2004.