

NOTICE OF INDEPENDENT REVIEW DECISION

Date: May 3, 2004

RE: MDR Tracking #: M2-04-1163-01
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 Surgeon) 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

Injury sustained on ___, when claimant fell from a ladder. Complaints were left foot and ankle, low back and neck. Physical findings subsequently were compatible with mechanical low back pain. He had normal neurologic findings and negative straight leg raising on all of his examinations. A lumbar MRI 7-16-03 indicated a disc bulge at L4-5. The claimant has not improved with conservative therapy and continues with mostly subjective complaints.

Requested Service(s)

Discogram and CT to follow

Decision

I agree with the insurance carrier that the above studies are not medically necessary.

Rationale/Basis for Decision

The prize winning papers submitted to the North American Spine Society by Carragee et. al. from Stanford University have demonstrated the unreliability of discograms in the diagnosis of lumbar pathology in worker's compensation patients. Federal Clinical Practice Guideline #14 pages 79-81 has found discograms to be unreliable in the diagnosis of pain related to disc pathology. Using evidence from discography is not reliable for surgical decision making and this patient has no physical findings that would justify invasive procedures such as IDET or 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 (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.