THIS DECISION HAS BEEN APPEALED. THE FOLLOWING IS THE RELATED SOAH DECISION NUMBER:

SOAH DOCKET NO. 453-04-5976.M2

MDR Tracking Number: M2-04-1168-01
IRO Certificate # 5259

May 5, 2004

An independent review of the above-referenced case has been completed by a chiropractic doctor. 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

Available information suggests that this patient reports experiencing a low back injury on ___ that occurred while at work when lifting boxes weighing approximately 20-25 lbs. She presented the same day to the hospital emergency room complaining of low back pain and pain radiating to the left buttock and left leg. X-rays were obtained suggesting degenerative changes at L4/5 and L5/S1 with narrowing of the L5/S1 interspace. She received medications for pain and was referred for follow-up with her family physician, ___. ___ took her off work, ordered physical therapy and MRI studies. MRI from 09/04/01 suggest 3-4 mm bulge with superimposed 4-5 mm posterocentral subligamentous herniation and annular tear at L5/S1 with prior laminectomy defect at the same level. Further enhanced study is recommended. Past medical history is positive for prior laminectomy in 1998 performed by a ___. The patient continued with physical therapy and then chiropractic therapy for about 1-½ years. She also underwent ESI and facet injections with a ___. The patient had a second MRI performed 01/21/02 suggesting 3-4 mm posterior disc bulge superimposed on a 5 mm post laminectomy defect with a thick overlying annulus or posterior longitudinal ligament. No recurrent compressive disc pathology is noted. The patient undergoes designated doctor evaluation with ___, on 03/02/03 suggesting that the patient has not reached MMI and is need of further diagnostic work-up and appropriate treatment.

The patient changed treating doctors to a new chiropractor, ___, on 08/06/03. ___ apparently orders an EMG/NCV study on 08/20/03 suggesting nerve root irritation on the left at L5/S1. ___ appears to continue the patient on multiple active and passive modalities with no significant improvement documented.

As of 09/09/03, follow-up designated doctor evaluation with ___ places the patient at statutory MMI with 10% WP impairment. The patient is referred for orthopedic evaluation with ___ in December of 2003. As a result of patient's persisting pain, discogenic symptomology and lumbar instability, he requests preoperative lumbar discogram with CT scan.

REQUESTED SERVICE (S)
Determine medical necessity for Lumbar Discogram with CT scan.

DECISION
Approved.

RATIONALE/BASIS FOR DECISION
Based on objective imaging, neurodiagnostic studies, clinical evaluations and failure to improve with conservative care, there does appear to be a reasonable amount of medical necessity documented to support this procedure.

1.Ninomuya M: Pathoanatomy of lumbar disc herniation as demonstrated by CT-discography. Spine, 17(11): 1316, 1992
2.Burki G: MRI signal patterns of lumbar discs with low back pain. Spine, 17(2): 1199, 1992
3.Bernard TN: Lumbar discography followed by CT. Spine 15(7): 690, p.690, 1990.
4.Bogduk N: Pathology of lumbar disc pain. Manual Medicine, 5:72-70, 1990
5.Yamashita T: Mechanosensitive afferent units in the lumbar disc and adjacent muscle. Spine, 18(15): 2252, 1993
6.Saal JS, Franson RC: High levels of inflammatory phospholipase A in lumbar disc herniation. Spine, 15(7): 674-678, 1990
7.Weisel S: A study of CT incidence of positive CAT scans in an asymptomatic group of patients. Spine (9): 549-551, 1984
8.Olmarker K, Rydevik B: Autologous nucleus pulposis induces neurophysiologic changes in procine cauda equina nerve roots. Spine, 18(11): 1425-1432, 1993
9.Jinkins JR, Whittemore AR: Anatomic basis of vertebrogenic pain and the autonomic syndrome associated with lumbar disc extrusion. Am J of Radiology, 152:1277-1289, June 1989.
10.Green J et al. Efficacy of neurodiagnostic studies. Pain Digest 2:213-217, 1992.

The observations and impressions noted regarding this case are strictly the opinions of this evaluator. This evaluation has been conducted only on the basis of the medical/chiropractic documentation provided. It is assumed that this data is true, correct, and is the most recent documentation available to the IRO at the time of request. If more information becomes available at a later date, an additional service/report or

reconsideration may be requested. Such information may or may not change the opinions rendered in this review. This review and its findings are based solely on submitted materials.

No clinical assessment or physical examination has been made by this office or this physician advisor concerning the above-mentioned individual. These opinions rendered do not constitute per se a recommendation for specific claims or administrative functions to be made or enforced.

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 6th day of May 2004.