

May 26, 2004

MDR Tracking #:

M2-04-1275-01

IRO #:

5251

\_\_\_ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this 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, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Medical Doctor board certified and specialized in Orthopedic Surgery. The reviewer is on the TWCC Approved Doctor List (ADL). The \_\_\_ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors 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 the dispute.

#### CLINICAL HISTORY

\_\_\_ is approximately 37-years-old and injured her lower back on \_\_\_ while employed for \_\_\_. She was helping to move a wooden pallet when she had sudden lower back pain, for which she sought immediate medical attention.

She was treated with conservative therapy and attempted to return to work in a light duty status, but unfortunately she had to discontinue. She is under the care of \_\_\_ in \_\_\_.

This patient was referred to \_\_\_, a board-certified anesthesiologist, for pain management. She underwent three epidural steroid injections, which did not resolve her condition. She was subsequently referred to \_\_\_, an orthopedic spine surgeon who evaluated her on November 24, 2003. He recommended continuing with an aggressive course of non-operative treatment to include physical therapy and anti-inflammatory medicines. It was also noted that if the patient did not have sufficient release with conservative treatment, surgical intervention could be considered.

The patient had a lumbar MRI on August 22, 2003 that demonstrated a small 2-3 mm broad-based bulge with osteophytes at L5/S1 with moderate facet joint hypertrophy from L2 through L5.

\_\_\_ was seen by her pain management specialist on February 2, 2004 and was recommended a possible L5/S1 fusion. Her physical exam demonstrated that she was neurologically intact with an equivocal straight leg raise test. It was also noted the patient may want to be considered for lumbar discography with post-discogram CT scan to consider percutaneous discectomy.

## REQUESTED SERVICE

A two-level lumbar discogram is requested for this patient.

## DECISION

The reviewer agrees with the prior adverse determination.

## BASIS FOR THE DECISION

Based on the above information and the orthopedic literature, the reviewer finds that the requested discography and CT scan are unwarranted in this patient. In addition, based on the MRI findings, this patient has a broad-based disc bulge at L5/S1 with osteophytes. It is highly unlikely that a percutaneous discectomy at that level without a fusion would leave her pain generator at that level since there is significant L5/S1 degenerative disc disease present. This L5/S1 degenerative disc disease could be the pain generator, and not the broad-based disc bulge. There is ample controversy in the literature that would refute the need for lumbar discography with post-discogram CT scan in this type of patient.

In addition, there are no clearly documented neurological deficits presented in the examinations that were reviewed. This patient appears to have low back pain with intermittent leg pain with no neurological deficits, i.e., no neurological compression or structural compromise causing neurological disease.

\_\_\_ has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. \_\_\_ has made no determinations regarding benefits available under the injured employee's policy.

As an officer of \_\_\_, Inc, dba \_\_\_, I certify that there is no known conflict between the reviewer, \_\_\_ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

\_\_\_ is forwarding by mail and, in the case of time sensitive matters by facsimile, a copy of this finding to the treating doctor, payor and/or URA, patient and the TWCC.

Sincerely,

## 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.

**I hereby certify, in accordance with TWCC Rule 102.4 (h), that a copy of this Independent Review Organization decision was sent to the carrier, requestor, claimant (and/or the claimant's representative) and the TWCC via facsimile, U.S. Postal Service or both on this 26<sup>th</sup> day of May, 2004.**