

MDR Tracking Number: M2-04-1297-01  
IRO Certificate# 5259

May 25, 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

Patient is a 27-year-old male who was working at an outdoor worksite when he slipped and fell in the mud, landing onto his lumbar spine on 05/05/03. After a trial of physical therapy and other conservative treatments, the patient was eventually referred for epidural steroid injection and to transforaminal epidural steroid injections at the left L5 and S1 levels. These procedures provided only temporary relief, so percutaneous disc decompression is now being considered.

#### REQUESTED SERVICE (S)

Lumbar discogram with CT scan.

#### DECISION

Approved.

#### RATIONALE/BASIS FOR DECISION

Although the carrier sites as its rationale for denial that the patient experienced "significant relief of his symptoms post ESI," and that "there is no reasonable necessity to search for other pain generators with discography," this is not supported in the medical records.

Rather, when there are multiple lesions present, as in this case, discography will assist in the evaluation of the integrity of the involved disc annulus, record the intradiscal pressure, and determine which discs are the pain generators. This is an important diagnostic step if surgery is being considered.

## 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 27<sup>th</sup> day of May 2004.