

MDR Tracking Number: M2-04-1343-01

June 10, 2004
IRO Certificate# 5259

An independent review of the above-referenced case has been completed by a medical physician board certified in neurosurgery. 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

This is a 37 or 38 year-old gentleman who was injured on ____. He was apparently lifting up some lumber and fell, and an object fell on him. Since then he has been having significant low back pain with bilateral hip and left leg pain. He has been evaluated by chiropractors and treated. He has been evaluated by pain management physicians. He has had lumbar steroid injections. He has been wearing a back brace. He has been taking non-steroidal anti-inflammatory agents and now narcotic medications. He has had an EMG which shows no significant abnormalities. He has had an MRI scan which showed disc bulging at L3 and L4 and disc space collapse. More recently he has had a CT myelogram which finds him to have disc bulging at L4 and L5. He is also noted to have an S1 disc and as a result of this disc bulging. As well as thickening of the ligamentum flavum and congenitally small pedicles, this patient is noted to have what is described as spinal canal stenosis. Due to the fact that this patient was not improving, the treating neurosurgeon, ____, has requested a lumbar discography with CT follow-through.

REQUESTED SERVICE (S)

Medical necessity of lumbar discogram with CT scan

DECISION

Approved.

RATIONALE/BASIS FOR DECISION

It is appropriate to proceed with the discography. The patient has been tried on multimodality conservative managements as mentioned above. His functional level has been steadily decreasing. He has abnormalities on his MRI scan at L4 and L5 which could be contributing to what is being described as severe chronic mechanical low back pain which is preventing him from returning to normal activities. As we are now approaching 11 months into this process, a discogram is the next most reasonable step. In reviewing the previous rationale for denial, the denial was based on discography being somewhat controversial. However, there are clear indications for this and the North American Spine Society's recommendations should be reviewed. While this patient was also reviewed after a CT myelogram for possible surgical interventions and it was felt not to be appropriate at that time, that was four months ago and, without any substantial improvement in his functional status, the situation needs to be revisited and the most appropriate way to do that would be with further information, in this case a C2 discography.

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 15th day of June 2004.