

June 14, 2004

MDR #: M2-04-1366-01  
IRO Certificate No.: 5055

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to \_\_\_ for an independent review. \_\_\_ has performed an independent review of the medical records to determine medical necessity. In performing this review, \_\_\_ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the Secretary and General Counsel of \_\_\_ and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this care for determination prior to referral to the Independent Review Organization.

Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is Board Certified in Orthopedic/Spine Surgery and is currently listed on the TWCC Approved Doctor List.

## REVIEWER'S REPORT

### **Information Provided for Review:**

TWCC-60, Table of Disputed Services, EOB's

Information provided by Requestor: correspondence, office notes, physical therapy notes, FCE, operative and radiology reports.

Information provided by Respondent: correspondence and designated doctor reports.

### **Clinical History:**

The patient sustained a work injury in \_\_\_\_\_. Since then, the claimant has been through multiple treatments for the back, including physical therapy, non-steroidals, and pain medications. The claimant presented to her treating doctor (neurosurgeon) with persistent significant back pain. A repeat MRI was obtained, and the treating physician is requesting a discogram.

An operative report of a discogram performed on this patient on October 19, 1999, at which time she was also complaining of severe low back pain. This Lumbar discogram reports that the patient did not experience typical pain upon injecting the discs.

Nucleograms, however, were abnormal with contrast extending beyond nuclear confines. A lumbar MRI from January of 1999 revealed disc desiccation at L3-L4. Report of lumbar MRI from August of 2003, which is a very brief report, reveals changes of spondylosis described at the lumbar spine from L4 to S1. The radiologist specifically notes an inhomogeneous signal in the vertebral bodies and is concerned about metastatic disease.

**Disputed Services:**

Lumbar discogram.

**Decision:**

The reviewer agrees with the determination of the insurance carrier and is of the opinion that lumbar discogram is not medically necessary in this case.

**Rationale:**

It appears this patient's lumbar spine has multiple levels of arthritis. A lumbar discogram has already been performed; therefore, there is no need to obtain this test again.

However, the reviewer is concerned with the suspected metastatic disease as revealed in the radiology report of August of 2003. The report of MRI in January of 1999 specifically reports no abnormal marrow signal. Therefore, what is medically necessary in this patient is the bone scan that was recommended in the radiology report from August of 2003.

We are simultaneously forwarding copies of this report to the payor and the Texas Workers' Compensation Commission. This decision by \_\_\_\_ is deemed to be a Commission decision and order.

**YOUR RIGHT TO REQUEST A HEARING**

Either party to this medical dispute may disagree with all or part of this 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 ten (10) days** of your receipt of this decision (28 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 twenty (20) days** of your receipt of this decision (28 Tex. Admin. Code 148.3)

This Decision is deemed received by you **five (5) days** after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5 (d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings  
Texas Workers' Compensation Commission, MS-48  
7551 Metro Center Dr., Ste. 100  
Austin, TX 78744-1609

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

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 June 14, 2004.

Sincerely,