

July 14, 2004

Re: Medical Dispute Resolution
MDR #: M2-04-1444-01
IRO Certificate #: 5055

Dear ____

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 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 Pain Management 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: office notes (ortho & electrodiagnostic), physical therapy notes, operative and radiology reports.

Information provided by Respondent: correspondence and designated doctor exams.

Clinical History:

This claimant was injured on _____. He continued working for approximately 1 month, and then sought medical attention. He had a lumbar MRI performed on 12/19/03 demonstrating a 1-mm disc bulge at L4-5 as well as a broad-based 3-mm disc protrusion at L5-S1 causing effacement of the ventral epidural fat, but no nerve root compression.

The claimant also underwent electrodiagnostic studies on 3/17/04 demonstrating evidence consistent with a right L5 radiculopathy. Lumbar myelogram on 4/12/04 demonstrated normal lumbar discs and posterior contour throughout the lumbar region with normal nerve root sleeve filling. The claimant subsequently underwent 3 lumbar epidural steroid injections, none of which provided significant pain relief.

He was referred to an orthopedic surgeon for initial evaluation on 4/21/04 complaining of lumbar pain radiating down the right leg to the toes on the right side and to the knee on

the left side. He also complained of numbness and tingling in the right lateral toes and weakness of both legs. Orthopedic physical exam on 4/21/04 demonstrated decreased sensation in the right medial and lateral calf and lateral aspect of the foot, as well as a positive straight leg raising test on the right causing pain extending to the right lower extremity. Lumbar discography at L4-L5 and L5-S1 levels was performed on 4/29/04. Those results indicated no pain at the L3-L4 or the L4-L5 levels with concordant 10/10 pain in the "back extending to the right side and down to the knee" with injection of the L5-S1 disc. Posterior dye extravasation and a degenerative pattern was seen in the L5-S1 disc. Unfortunately, there is no documentation of a post-discogram CT scan being performed.

The claimant then returned to the orthopedic surgeon on 05/05/04 who documented continued decreased sensation and positive right straight leg raising test on physical exam. He recommended consideration of IDET, nucleoplasty, or percutaneous disc decompression, eventually stating that IDET in conjunction with decompression was the procedure of choice.

Disputed Services:

Lumbar IDET at L5-S1.

Decision:

The reviewer agrees with the determination of the insurance carrier and is of the opinion that a lumbar IDET at L5-S1 is not medically necessary in this case.

Rationale:

This claimant does not meet nationally accepted criteria for the IDET procedure. Among the exclusionary criteria, which this claimant manifests are radicular pain, positive straight leg raising test, and positive electrodiagnostic evidence of radiculopathy. Any, and certainly all, of these criteria exclude candidacy for the IDET procedure.

Moreover, IDET is indicated solely for treatment of internal disc disruption (annular tear), not disc protrusion, which is clearly present on the MRI performed in December of 2003. Therefore, based on multiple physical exam evidence of positive straight leg raising tests and sensory deficit, MRI evidence of disc protrusion, and discogram documented evidence of concordant pain radiating down the right leg, as well as the claimants radicular pain complaints. This claimant is not a valid or appropriate candidate for consideration of IDET procedure.

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 July 14, 2004.