August 17, 2004

Re: MDR #: M2-04-1553-01
IRO Cert. #: 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 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 Neurosurgery 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: letter of medical necessity and office notes.
Information provided by Respondent: correspondence.

Clinical History:
The patient is a gentleman who was originally injured on ___, status post C3-C4 and C3-C5 anterior cervical discectomy and fusion on 11/7/02. His cervical radicular symptoms have resolved, but he has continued back pain and leg pain with known left L4-L5 foraminal disc protrusion.

Disputed Services:
Lumbar discogram w/post CT scan @ L3-4, L4-5 & L5-S1.

Decision:
The reviewer agrees with the determination of the insurance carrier and is of the opinion that a lumbar discogram as stated above is not medically necessary in this case.

Rationale:
The discograms have been shown to be unreliable as predictors. They have special circumstances to be of useful information, but this is only when very carefully done. No evidence was provided that this patient has had a myelogram, especially a myelogram with the patient standing, and in flexion and extension, which may be of further diagnostic value before proceeding to a discogram. The other option is to also do a selective nerve block on the symptomatic side to see if the symptoms are relieved by local anesthesia. This would be a better diagnostic test than a discogram with all of its known problems. Therefore, the reviewer agrees with the insurance carrier's denial at this time.

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 August 17, 2004.

Sincerely,