

August 4, 2004

MDR #: M2-04-1621-01

IRO Cert. #: 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 and 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: letter of medical necessity, office notes, physical therapy notes, FCE, nerve conduction study, operative and radiology reports.

Information provided by Respondent: correspondence and designated doctor exam.

Information provided by Orthopedic Surgeon: office notes and operative reports.

Clinical History:

The patient is a 39-year-old gentleman injured on ____. Since then, he has had significant pain in his neck and back. The neck pain has been treated with chiropractic therapy, exercises, modalities, and cervical epidural steroid injections that provided temporary relief. However, he has persistent pain in his neck at the base of the neck and into the left shoulder area.

Disputed Services:

Cervical discogram.

Decision:

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

Rationale:

Findings of an MRI scan of the cervical spine dated November 2002. Findings are that of minimal kyphosis at the C3-C4 segment with a central right-sided disc protrusion with uncovertebral joint arthropathy and foraminal narrowing bilaterally, right greater than left. At C6-C7 there is mild uncovertebral joint arthropathy in the report. The patient has since found to have carpal tunnel syndrome symptoms and improved; however, he has persistent pain in his neck and shoulder region for which a cervical discogram was ordered. A report of cervical plain films dated May 2004 by the requesting surgeon who reports neutral alignment and good position with slight kyphosis at the C3-C4 segment. His review of the MRI dated November 2002 reveals a complete disc disruption at C3-C4.

Based on this information, there is no objective evidence to obtain a 5-level discogram. Consideration may be given to a discogram at the C3-4 level with control at C4-C5, but there is no need for discogram.

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 4, 2004.

Sincerely,