

October 12, 2004

MDR Tracking #: M2-05-0025-01  
IRO Certificate #: 5251

\_\_\_ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to \_\_\_ for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

\_\_\_ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Medical Doctor board certified and specialized in Orthopedic Surgery. The reviewer is on the TWCC Approved Doctor List (ADL). The \_\_\_ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to \_\_\_ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

#### RECORDS REVIEWED

1. \_\_\_
2. EMG/NCV study from \_\_\_ dated November 13, 2003
3. Designated doctor examination dated March 30, 2004 from \_\_\_
4. Psychological exam by \_\_\_ dated January 4, 2004
5. Medical records from \_\_\_

#### CLINICAL HISTORY

\_\_\_ is a 48-year-old gentleman, an employee of the \_\_\_, in \_\_\_ who injured his lower back in a work-related incident on \_\_\_. On the TWCC-1S, the employer's first report, it was noted that this patient slipped and fell on his lower back.

Records indicate the patient came under the care of \_\_\_ on October 8, 2003. He was diagnosed with a lumbar strain. \_\_\_ was attending physical therapy at \_\_\_ in \_\_\_. It is noted that the patient has been on muscle relaxants, anti-inflammatory medicines and non-narcotic analgesics. He has undergone a work hardening program. \_\_\_, a licensed psychologist, evaluated him and deemed him, "severely depressed."

On October 29, 2003 this patient underwent an MRI that demonstrated evidence of L4/5 disc space narrowing with a posterior radial annular tear without disc protrusion. An EMG/NCV dated November 13, 2003 was questionable for an L5/S1 nerve root impingement. Sonography/ultrasound on that same date demonstrated mild sacroiliac joint myofascitis at the L4/5 region with soft tissue inflammation at the L4, L5 and S1 joints. All physical examinations to date demonstrate no neurological deficits.

It is noted that this patient injured his lower back seven years prior with complete resolution of symptoms. Medical records from his treating physician demonstrate he has persistent lower back pain with weakness in both legs and muscle spasms.

On his most recent office note from \_\_\_ dated August 4, 2004, it notes that the patient was awaiting approval of a lumbar MRI. He is taking Relafen, Robaxin, Darvocet N100 and Lorcet for severe pain. Diagnosis was a lumbar sprain with spinal stenosis of the lumbar region. He is not working.

#### REQUESTED SERVICE

A lumbar myelogram with post CT scan is requested for this patient.

#### DECISION

The reviewer disagrees with the prior adverse determination.

#### BASIS FOR THE DECISION

This 48-year-old gentleman sustained a fall, landing on his buttocks on or about \_\_\_ while employed for the \_\_\_. Diagnoses include acute lumbar sprain, lumbar degenerative disc disease at L4/5 and possible L5/S1 radiculitis.

Based on the medical records provided, the reviewer finds that the proposed lumbar myelogram with post-myelogram CT scan is a reasonable and necessary diagnostic test to determine if the patient has an anatomical abnormality causing his symptoms. Please note that the lumbar myelogram and post CT scan is considered by many to be the gold standard to rule out nerve damage of disc herniation.

\_\_\_ has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. \_\_\_ has made no determinations regarding benefits available under the injured employee's policy.

As an officer of \_\_\_, I certify that there is no known conflict between the reviewer, \_\_\_ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

\_\_\_ is forwarding by mail and, in the case of time sensitive matters by facsimile, a copy of this finding to the treating doctor, payor and/or URA, patient and the TWCC.

Sincerely,

## YOUR RIGHT TO REQUEST A HEARING

Either party to 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 (28 Tex. Admin. Code 142.5(c)).

**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 142.5(c)).

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings / Appeals Clerk  
P.O. Box 17787  
Austin, Texas 78744  
Fax: 512-804-4011

The party appealing this decision shall deliver a copy of its written request for a hearing to other party involved in this dispute.

**I hereby certify, in accordance with TWCC Rule 102.4 (h), that a copy of this Independent Review Organization decision was sent to the carrier, requestor, claimant (and/or the claimant's representative) and the TWCC via facsimile, U.S. Postal Service or both on this 12th day of October 2004.**