

MEDICAL REVIEW OF TEXAS

[IRO #5259]

3402 Vanshire Drive

Austin, Texas 78738

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NOTICE OF INDEPENDENT REVIEW DETERMINATION

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| TWCC Case Number: | |
| MDR Tracking Number: | M2-05-0219-01 |
| Name of Patient: | |
| Name of URA/Payer: | |
| Name of Provider: (ER, Hospital, or Other Facility) | |
| Name of Physician: (Treating or Requesting) | Dr. T, DO |

November 15, 2004

An independent review of the above-referenced case has been completed by a neurosurgeon physician. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by Texas Medical Foundation, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

Medical Review of Texas (MRT) hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to MRT.

Sincerely,

Medical Director

CLINICAL HISTORY

Patient is a 31-year-old male injured ____ ago on the job. He subsequently developed primarily back pain and then leg pain. MRI 2001 showed multilevel DDD with subsequent discography showing concordant pain at multiple levels. He then underwent IDET with temporary relief of his pain and now returns with similar back pain and an increasing component of leg pain. Plain x-rays reportedly showed a lumbar scoliosis of unknown magnitude without translation between flexion and extension. Repeat discography has been recommended L2-3, L3-4, L4-5, L5-S1.

REQUESTED SERVICE(S)

Discography L2-3, L3-4, L4-5, L5-S1.

DECISION

Denied. The requested service is not medically necessary at this point in this patient's evaluation.

RATIONALE/BASIS FOR DECISION

This is no doubt a difficult patient to manage. There is no report or mention of a MRI being performed since 2001. Discography must be correlated to MRI to make any valid treatment recommendation. In addition, the patient's scoliosis may be a factor in his back pain, but there is no mention of the degree of scoliosis or the presence or absence of extension beyond the thoracolumbar junction.

YOUR RIGHT TO REQUEST A HEARING

Either party to this 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 (20 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 **20** (twenty) calendar days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings/Appeals Clerk
Texas Workers' Compensation Commission
P.O. Box 17787
Austin, Texas 78744

Or fax the request to (512) 804-4011. A copy of this decision must be attached to the request.

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

In accordance with Commission Rule 102.4(h), 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 this 17th day of November, 2004.

Signature of IRO Employee: _____

Printed Name of IRO Employee: