

Clinical History:

The patient is a 53-year-old woman who has had a previous back injury in ____ and was operated on for an L4/L5 discectomy in 1999. She had persistent low back pain, left leg pain, and right leg pain. The patient has had MRI, and there was a request for discogram.

Disputed Services:

Lumbar discogram/injection, discography lumbar/CT scan lumbar spine.

Decision:

The reviewer agrees with the determination of the insurance carrier and is of the opinion that the procedures in dispute as stated above are not medically necessary in this case.

Rationale:

The indications for a discogram are clinical signs of radiculopathy with inconsistent negative or equivocal CT, MR, or myelogram findings before a posterior discectomy. Contraindications include discography as an invasive technique for a screening tool, nerve paralysis due to disc herniation, hemorrhagic diaphysis, or local infection of cutaneous, subcutaneous, or muscular layers. Discography itself may prove useful for the evaluation of a presurgical spine versus pseudoarthrosis, discogenic pain at levels above or below prior spinal fusion, annular tear, or internal disc disruption. Discography is not useful in previously operated discs. In this case, the patient has an operated disc at L4/L5, which is the disputed level. She has the radicular complaint undiagnosed. The reviewer believes that this patient may need further evaluation, but a discogram is not warranted 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 November 22, 2004.