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## NOTICE OF INDEPENDENT REVIEW DECISION

**Date:** November 30, 2004

**Requester/ Respondent Address:** Gail Anderson  
TWCC  
7551 Metro Center Drive, Suite 100, MS-48  
Austin, TX 78744-16091

Dr. D, DC  
Fax: 972-283-1800  
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Travelers c/o Flahive, Ogden, & Latson  
Attn: \_\_\_\_\_  
Fax: 512-867-1733  
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**RE: Injured Worker:**  
**MDR Tracking #:** M2-05-0296-01  
**IRO Certificate #:** 5242

Forté has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to Forté for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

Forté has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a Chiropractic reviewer who has an ADL certification. The reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians 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 this case.

### **Submitted by Requester:**

- 4/30/04 4-pages typed Initial Report by Dr. D, D.C.

- 7/16/04 Lumbar MRI without contrast TX Imaging & Diagnostic Center done by Dr. R, M.D.
- 7/19/04 EMG/NCS Report done by Dr. M, M.D.
- 8/10/04 2-pages Initial Report by Dr.I, M.D.
- 8/10/04 3-pages Patient History/P Examination by Dr. I, M.D.
- 8/24/04 2-pages typed Treatment Summation Report by Dr. D, D.C.
- 9/20/04 3-pages typed Initial Consultation Report by Dr. W, II, M.D.
- 9/27/04 Operative Report by Dr.W, M.D.
- 10/04/04 Follow-up Report by Dr. W, M.D.
- 10/11/04 Letter of Certification by Dr. D, D.C.
- 11/11/04 Letter from Dr. D, D.C.

**Submitted by Respondent:**

- 3/26/04 to 4/26/04 38-pages Concentra Medical Center records
- 3/29/04 to 4/28/04 6-pages of TWCC-73's from Dr. S, M.D. at Concentra
- 4/30/2004 4-pages typed Initial Report by Dr. D, D.C.
- 5/03/04 to 7/23/04 (40 dates of service) 82-pages of chiropractic clinical notes from Dr. D, D.C.
- 6/01/04 to 7/23/04 3-letters of medical necessity for an EMS-5000 unit by Dr. D, D.C.
- 4/30/04 to 9/27/04 (45 dates of service) 53-pages of HCFA forms from Dr. D, D.C.
- 4/30/04 to 9/27/04 6-pages of TWCC-73 forms from Dr. D, D.C.
- 7/16/04 Lumbar MRI without contrast Texas Imaging & Diagnostic Center by Dr. R, M.D. with HCFA
- 7/19/04 EMG/NCS Report by Dr. M, M.D. with HCFA
- 8/10/04 2-pages Initial Report-Dr. I, MD with TWCC-73
- 8/10/04 3-pages Patient History/P Examination by Dr. I, M.D.
- 8/27/04 Lerma Chiropractic DDE (HCFA only no report available).
- 8/30/04, 9/23/04, and 10/05/04 Notices of Adverse determination for lumbar discogram.
- 9/27/04 3-pages Lumbar epidural steroid injection procedure and Operative Report-North Tx Surgery Center and HCFA's
- 10/04/04 Follow-up Report by Dr. W, M.D. with HCFA
- 10/18/04 Operative Report-Transforaminal epidural steroid injection from Dr. W, M.D. with HCFA

**Clinical History:**

Documentation revealed that \_\_\_ (claimant) allegedly injured his lower back while on the job lifting various weighted boxes from 5 to 100 pounds as well as moving a commercial grade pallet on \_\_\_. The claimant was initially seen at Concentra Medical Center on 3/26/2004. Following approximately 9-sessions of passive and active care he was released to a home based exercise program on 04/26/2004. The claimant continued a course of passive and active chiropractic care for an approximate total of 41-sessions, as of 7/23/04 when services were discontinued. The claimant was referred for lumbar MRI without contrast on 07/16/04 at Texas Imaging & Diagnostic Center read by Dr. R, M.D. MRI report impression noted a mild to moderate disc dehydration and slight loss of disc space height posteriorly at the L5-S1

interspace. Minimal adjacent endplate reactive changes are present. There is diffuse posterior disc bulging at this level without focal protrusion. There is no mass effect on the S1 nerve roots. Facet arthropathy is present without central or foraminal stenosis. Mild facet hypertrophy was present at L4-5 without central or foraminal narrowing. On 7/19/04 \_\_\_ was referred for electrodiagnostic testing, which revealed a chronic right sided L5 radiculopathy that was graded moderate to severe, per Dr. M, M.D. Please note that this clinical impression was based on increased poly phasicity and decreased interference, in the absence of frank denervation, present throughout the L5 myotome on the right side in the distributions of both anterior and posterior rami. On 8/10/04 claimant was then referred to Dr. I, M.D who recommended an L5-S1 discography with post-CT to prove or disprove the L5-S1 as a pain generator. On 9/20/04 the claimant was referred to Dr. W, M.D who recommended a diagnostic/therapeutic lumbar epidural steroid injection. This procedure was performed on 9/27/04 by Dr. W. On 10/04/04 Dr. W reported no significant changes in the claimant's condition. He then recommended a selective nerve root injection on the right side at L5 as a diagnostic/therapeutic modality. This procedure was performed on 10/18/04; however, nothing was provided for review regarding the outcome of this procedure.

**Requested Service(s):**

Lumbar discogram with post CT scan.

**Decision:**

Documentation provided for review does not support the medical necessity for lumbar discogram with post CT scan.

**Rationale/Basis for Decision:**

The documentation provided for review does not support the medical necessity for Lumbar discogram with post CT scan. This opinion is supported by the Occupational Medicine Practice Guidelines-ACOEM Guidelines 2nd Edition, chapter 12 pages 303-315. "Discography may be used where fusion is a realistic consideration and it may provide supplemental information prior to surgery." Discography "...should be reserved only for patients who meet the following criteria: Back pain of at least three months duration, failure of conservative treatment, satisfactory results from detailed psychosocial assessment (Discography in subjects with emotional and chronic pain problems has been linked to reports of significant back pain for prolonged periods after injection, and therefore should be avoided.), is a candidate for surgery, and has been briefed on potential risks and benefits from discography and surgery." On page 305 of ACOEM guides states, "Relying solely on imaging studies to evaluate the source of low back pain and related symptoms carries a significant risk of diagnostic confusion (false-positive test results) because of the possibility of identifying a finding that was present before symptoms began and therefore has no temporal association with the symptoms. Recent studies on discography do not support its use as a preoperative indication for either intradiscal electrothermal (IDET) or fusion. Discography does not identify the symptomatic high-intensity zone, and concordance of symptoms with the disk injected is of limited diagnostic value and can produce significant symptoms in controls more than a year later. Tears may not correlate anatomically or temporally with symptoms." Based on the above and the lack of clinical

documentation regarding recent transforaminal injections and psychosocial barriers I find that this request not medically necessary at this time.

In accordance with Commission Rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to TWCC via facsimile or U.S. Postal Service from the office of the IRO on this 30<sup>th</sup> day of November 2004.

Signature of IRO Employee:

Printed Name of IRO Employee: