

MEDICAL REVIEW OF TEXAS

[IRO #5259]

3402 Vanshire Drive

Austin, Texas 78738

Phone: 512-402-1400

FAX: 512-402-1012

NOTICE OF INDEPENDENT REVIEW DETERMINATION

TWCC Case Number:	
MDR Tracking Number:	M2-05-0304-01
Name of Patient:	_____
Name of URA/Payer:	
Name of Provider: (ER, Hospital, or Other Facility)	
Name of Physician:	Dr. G, MD
(Treating or Requesting)	

January 18, 2005

An independent review of the above-referenced case has been completed by a medical physician board certified in orthopedics. 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

cc:

Dr. P, MD

Dr. G, MD

Rosalinda Lopez, Texas Workers Compensation Commission

CLINICAL HISTORY

This patient lifted a heavy photocopier at work in ____ and injured his low back and shoulder. With regards to his low back, he had a lumbar laminectomy in September 2001 at the L5-S1 and/or L4-5 levels (described below).

The patient has had chronic low back pain since that time. He has been treated with pain management and epidural steroids and narcotic analgesics. There is also a reference to cocaine use in the medical records. The patient was admitted for inpatient detoxification from July - October 2002. The patient is currently being treated with Methadone.

On 8/28/04 the patient was admitted to Christus Spohn Health Center with intractable low back and right leg pain. Repeat MRI of the lumbar spine obtained 8/30/04 reportedly showed mild disc protrusion centrally and to the right at L5-S1 pushing on the nerve root posteriorly. Significant extradural compression was not felt to be present at that level. The patient however was thought to have an extruded disc protrusion at L4-5 level.

The patient subsequently had a lumbar myelogram and post myelogram CT scan on 10/4/02 at Bay Area Medical Center. This reportedly showed no disc protrusion at the L5-S1 level. It did show facet arthrosis at that level. It showed a right sided disc bulge at the L4-5 level with the possibility of a far right extruded fragment. The patient was noted to have facet arthrosis throughout the lumbar spine.

At this juncture, provocative discography is being requested to determine if surgery is indicated at only the L4-5 level or both the L4-5 and L5-S1 levels.

REQUESTED SERVICE(S)

Proposed provocative discogram.

DECISION

Denied. Concur with the carrier that discography will not provide any useful further information with regards to surgical intervention.

RATIONALE/BASIS FOR DECISION

This patient has had prior back surgery in September 2001. The operative report is not available but the records indicate that surgery was for a disc protrusion at L5-S1 level. MRIs performed with and without contrast at Bay Area Medical Center on 2/26/02 and 2/11/03 both showed enhancing granulation tissue at both the L4-5 and L5-S1 levels. A CT scan of the lumbar spine performed on 10/3/03 showed evidence of a left-sided laminectomy at the L4-5 level. Based on this evidence it is very possible that both the L4-5 and L5-S1 discs were addressed in the initial surgical procedure.

E.J. Carragee from Stanford University has publications in "*Spine*" December 2000 and "*Orthopedic Clinics of North America*" January 2004. In both publications he questions the validity of concordant pain with discography. In the first article he found the pain response "may be amplified in those patients with issues of chronic pain, social stressors such as secondary gain or litigation claims or psychometric stress disorders." The second article reiterates this point. It also shows asymptomatic people with normal psychometric profile and known abnormal discs will have pain 40 percent of the time with injection of these discs. Therefore, simply because the patient has pain associated with discography of an abnormal disc does not mean that the disc is causing symptoms.

Therefore, in this workers' compensation patient with chronic back pain requiring long-term use of narcotics, no useful information will be obtained by discography.

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 19th day of January, 2005.

Signature of IRO Employee: _____

Printed Name of IRO Employee: