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:	M2-05-0312-01
Name of Patient:	
Name of URA/Payer:	
Name of Provider: (ER, Hospital, or Other Facility)	
Name of Physician: (Treating or Requesting)	Dr. L, DC

November 26, 2004

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

CLINICAL HISTORY

___ is now a 54-year-old woman. On ___ she lifted the end of a 100-pound backpack and twisted. She sustained a low back injury. The medical records provided do not outline her entire treatment course, however, her current attending physician is a chiropractor, Dr. L, DC, so presumably she has had chiropractic care.

The patient has had an epidural steroid injection performed by Dr. S, MD on 3/3/03 and a decompressive lumbar laminectomy at the L4-5 level performed by Dr. H, MD on 6/27/04. No treatment has helped her back pain. The patient has no neurological findings. Because of chronic low back pain, a 3-level fusion is being contemplated presumably based on the MRI and discograms discussed above.

REQUESTED SERVICE(S)

Anterior and posterior spinal fusion L3-4, L4-5 and L5-S1.

DECISION

Denied. Concur with the carrier that there is no relationship with the spinal stenosis and this patient's work related injury. Further, there is no objective evidence of instability producing this patient's low back pain.

RATIONALE/BASIS FOR DECISION

An MRI performed at University Hospital Lubbock, Texas on 9/20/02 was read by the radiologist at the time as being negative. This patient's current treating physicians have reviewed the same MRI and believe that it shows facet hypertrophy and some degree of disc desiccation at L3-4 and L4-5. A lumbar epidural steroid injection was performed on 3/3/04 and this patient underwent a decompressive lumbar laminectomy on 6/27/04 for her low back pain. Neither of these procedures relieved her symptoms.

On 6/19/04 discography of the lumbar spine was performed at the L3-4, L4-5 and L5-S1 levels. This reportedly produced concordant pain in all levels with partial fissuring of the discs noted at all levels.

Presumably this finding has led to the request for a 3-level lumbar fusion, as there is no radiographic evidence of spinal instability documented in the medical records.

Concordant pain with discography is inadequate evidence to recommend a 3-level fusion for low back pain in the absence of neurological deficit or spinal instability. 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 that pain response "may be amplified in those subjects with issues of chronic pain, social stressers 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 profiles and no abnormal discs will have pain 40 percent of the time from 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.

In conclusion, this patient with a history of chronic low back pain and no evidence of instability is inadequate indication for a 3-level fusion.

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 26th day of November, 2004.

Signature of IRO Employee: _____

Printed Name of IRO Employee: