



Specialty Independent Review Organization, Inc.

November 22, 2004

Hilda Baker  
TWCC Medical Dispute Resolution  
7551 Metro Center Suite 100  
Austin, TX 78744

Patient:  
TWCC #:  
MDR Tracking #: M2-05-0313-01  
IRO #: 5284

Specialty IRO has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to Specialty IRO for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

Specialty IRO has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

This case was reviewed by a licensed Doctor of Osteopathy who is board certified in Orthopedics. The reviewer is on the TWCC ADL. The Specialty IRO health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to Specialty IRO for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

#### CLINICAL HISTORY

This 23 year old male was working at \_\_\_\_, carrying several long pipes and was pushed back and hit on \_\_\_\_. Patient went back to work and was fired the next day. His MRI of the lumbosacral spine on 2-27-03 showed the following: L3-4 Posterior central radial annular tear; L4-5 Posterior central radial annular tear and disc protrusion. He had a discogram and only two of these levels with annular tears, which were shown on discogram, were concordant and this was at L3-4 and L4-5. At that point, he was referred to Dr. B for evaluation. He continued on medications for some time with conservative care and physical therapy, but he failed. He eventually underwent an intradiscal treatment at L3-4 and L4-5 on 3-18-04 and followed up with post-procedural physical therapy.

He had a reoccurrence of his pain on 6-7-04. At the request of the physical therapist the patient was instructed to move more, the pain reoccurred and patient states pain was as bad as it was after the initial injury. Physical examination on 7-15-04 shows flexion of lumbar spine to only 40 degrees, straight leg raising at 45 degrees left and right, and the neurological examination unremarkable.

Records Reviewed:

Texas Mutual 9-16-04, 9-21-04, 10-7-04.  
Dr. P Notes from 4-24-03 – 10-21-04.  
Dr. S Notes from 7-15-04.  
Dr. B Note of 9-29-04.  
Christus Spohn Health System: MRI 8-17-04.

Procedures:

4-23-03 – Discogram was positive at L3-4, 4-5.  
3-18-04 – IDET at L3-4, 4-5.  
8-17-04 – MRI shows mild central PNP L5-1, moderate left PNP L4-5, central PNP L2-3.  
According to the report of this MRI compared to the MRI of 2-27-03, the moderate left PNP at L4-5 is worse, central PNP L2-3 has developed.

REQUESTED SERVICE

The items in dispute are the prospective medical necessity of a pre-surgery discogram at L2-3, L3-4, L4-5 and L5-S1 under fluoroscopic guidance and with sedation and post CT scan.

DECISION

The reviewer agrees with the previous adverse determination.

BASIS FOR THE DECISION

The request is denied for multiple level discograms including L2-3, 3-4, 4-5, 5/S1. The patient has new pathology at L2-3 and L4-5 as noted on the MRI Report of 8-17-04 when compared to the MRI of 2-27-03.

The supportive evidence is the request for discogram is not clinically indicated. Studies have shown that the predictive value of discography to assess possible surgical pathology is dubious at best. Result variation secondary to subjectivity of response and the volume of injected fluid can result in disparity in report consistency and reproducibility. ACOEM guidelines note that recent studies on discography do not support its use as a preoperative indication of either IDET or fusion.

Specialty IRO has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Specialty IRO has made no determinations

regarding benefits available under the injured employee's policy. Specialty IRO believes it has made a reasonable attempt to obtain all medical records for this review and afforded the requestor, respondent and treating doctor an opportunity to provide additional information in a convenient and timely manner.

As an officer of Specialty IRO, Inc, dba Specialty IRO, I certify that there is no known conflict between the reviewer, Specialty IRO and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

Sincerely,

### **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.

In the case of prospective *spinal surgery* decision, a request for a hearing must be made in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** days of your receipt of this decision. (20 Tex. Admin. Code 142.5(c)).

In the case of other *prospective (preauthorization) medical necessity* disputes a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) 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 (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 Worker's Compensation Commission, P.O. Box 17787, Austin, TX 78744. The fax number is 512-804-4011. A copy of this decision should be attached to the request.

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute, per TWCC rule 133.308(u)(2).

Sincerely,

**I hereby certify, in accordance with TWCC Rule 102.4 (h), that a copy of this Independent Review Organization decision was sent to the carrier, requestor, claimant (and/or the claimant's representative) and the TWCC via facsimile, U.S. Postal Service or both on this**  
**22<sup>nd</sup>** day of **November**, **2004**

**Signature of Specialty IRO Representative:**  
**Name of Specialty IRO Representative:**