

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 January 4, 2005.

Sincerely,

Secretary & General Counsel

GP/thh

REVIEWER'S REPORT M2-05-0430-01

Information Provided for Review:

TWCC-60, Table of Disputed Services, EOB's

Information provided by Requestor:

- Office notes 01/08/01 – 11/18/04
- Physical therapy notes 04/01/03 – 05/09/03
- Radiology reports 08/10/01 – 07/01/04

Information provided by Respondent:

- Correspondence and case summary
- Physician review

Information provided by Neurologist:

- Office note 04/22/04
- Nerve conduction study 04/22/04

Clinical History:

The patient is a 61-year-old gentleman with a history of prior 2-level lumbar laminectomy in 1989. The patient, in ____, twisted and injured his back while at work.

The clinic notes from examination of this patient in January of 2002, prior to his injury, indicate that at that point, the patient had some history of years of back pain with pain radiating to his right thigh. After the injury, examination of this patient and history taken revealed the pain again in his back and right thigh, but now also radiating to his calf.

The report of the lumbar MRI scan with and without contrast in August of 2001 prior to the injury, revealed only a disc bulge at L4/L5 with degenerative discs at L3/L4 and L4/L5 and L5/S1. Lumbar MRI scan done after the injury in December of 2002 was done without gadolinium contrast. Findings are that of degenerative disc desiccation at L3/L4, L4/L5, and L5/S1 with bulges at, again, L4/L5 and a slight bulge at L5/S1.

MRI flexion and extension done in April of 2004 reveals, again, disc degeneration at L3/L4, L4/L5, and L5/S1 with appropriate bulging at those levels and no change in alignment of the lumbar spine with flexion and extension. EMG done in April of 2004 reveals mild sub-acute and chronic L5 and possibly S1 bilateral radiculopathy.

Disputed Services:

Three-level transcutaneous disc resection at L3-4, L4-5 and L5-S1.

Decision:

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

Rationale:

Based on this information, the patient has a history of chronic back pain and radicular right thigh pain. His pain pattern did change to radiate down to the calf after his injury.

At this point, with only degenerative bulging of the discs and no disc protrusion or extrusion, there is no indication to consider transcutaneous disc resection at the bottom 3 levels.

Additional Comments:

Since the patient's pain pattern did change after the injury, given the history that he has had prior lumbar surgery, the reviewer recommends an MRI scan of the lumbar spine with and without gadolinium contrast.