

We are simultaneously forwarding copies of this report to the payor and the Texas Workers' Compensation Commission. This decision by Independent Review, Inc. is deemed to be a Commission decision and order.

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 March 22, 2005.

Sincerely,

General Counsel
GP/thh

REVIEWER'S REPORT M2-05-0476-01

Information Provided for Review:

TWCC-60, Table of Disputed Services, EOB's
Information provided by Requestor:

- Correspondence
- Office notes 03/31/04 – 09/21/04
- Procedure notes 01/28/04 – 03/09/04
- Radiology report 01/15/04

Information provided by Respondent:

- Correspondence
- Designated doctor exam

Information provided by Treating Doctor:

- Letters of medical necessity

Information provided by Physical Medicine Specialist:

- EMG/NCV 01/14/04

Clinical History:

This is a 33-year-old female patient who was injured in ___ while working. Since that time, she has had pain in her back and also has pain in extremity. The patient has been through therapy. She is also taking anti-inflammatory medications, all with persistence of her significant low back pain and subjective numbness in the left lower extremity.

Disputed Services:

Lumbar discography & post discogram CT scan.

Decision:

The reviewer disagrees with the determination of the insurance carrier and is of the opinion that lumbar discography & post discogram CT scan are medically necessary in this case.

Rationale:

The MRI scan dated January 15, 2004, revealed normal findings at L1/L2, L2/L3, L3/L4 and L4/L5. At the L5/S1 level, there is disc desiccation and disc bulge along with reactive and patent changes as well as a posterior annular fissure. The patient has been through over 6 months of conservative care including therapy, anti-inflammatory medications, and even epidural steroid injections with persistence of her significant back pain.

The discogram at L5/S1 with control at L4/L5 and postdiscogram CT scan is an appropriate diagnostic endeavor to determine if the patient is a surgical candidate.