

January 10, 2005

Re: **MDR #:** M2-05-0478-01-SS **Injured Employee:**
 TWCC#: **DOI:**
 IRO Cert. #: 5055 **SS#:**

TRANSMITTED VIA FAX TO:

Texas Workers' Compensation Commission

Attention: Rosalinda Lopez
Medical Dispute Resolution
Fax: (512) 804-4868

REQUESTOR:

Dr. P, D.C.
Attention: ____
(936) 291-3752

RESPONDENT:

UT System
Attention: ____
(214) 648-5306

SURGEON:

Dr. S, M.D.
(936) 730-8866

Dear ____:

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to IRI for an independent review. IRI has performed an independent review of the medical records to determine medical necessity. In performing this review, IRI reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the Secretary and General Counsel of Independent Review, Inc. and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this care for determination prior to referral to the Independent Review Organization.

Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is board certified in Orthopedic and Spine Surgery and is currently listed on the TWCC Approved Doctor List.

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 January 10, 2005.

Sincerely,

Secretary & General Counsel
GP/thh

REVIEWER'S REPORT M2-05-0478-01-SS

Information Provided for Review:

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

Information provided by Requestor:

- Correspondence
- FCE 03/04/04
- Electromyogram 08/31/01
- Radiology reports 04/19/01 – 04/15/03

Information provided by Respondent:

- Correspondence
- Designated doctor exams

Information provided by Spine Surgeon:

- Office notes 02/17/04 – 10/11/04
- Operative report 03/04/03

Information provided by Sports Medicine:

- Office notes 08/07/03

Information provided by Neurologist:

- Office notes 04/07/03 – 05/20/03

Clinical History:

The patient is an approximately 30-year-old woman with back pain and some buttock and thigh pain since injury in _____. The requestor wishes to proceed with percutaneous discectomy.

There are multiple MRI reports on this patient ranging from April of 2001 including June 2002. In fact, two were done in June of 2002. Another MRI of the lumbar spine was done in July of 2002 and in March of 2003. Another MRI was done in April of 2003. All of these MRI scans show very similar findings of an L5/S1 degenerative disc with the L4/L5 and above levels appearing normal. There are also varying degrees of protruding discs noted at the L5/S1 level based on all of these MRI scans.

There is also report here of a 3-level lumbar discogram done in March of 2003. The L3/L4 level appears normal morphologically to the surgeon and had no pain upon injection of contrast. The L4/L5 appeared normal to the discographer, and there was a small direct posterior annular tear that did not communicate to the annulus with no pain upon injection, and the nucleogram appeared normal. The L5/S1 level had significant concordant back and buttock pain upon injection by the discographer. Post-discogram CT report done on March 4, 2003 reveals normal contrast within the substance of the disc at L3/L4 and L4/L5 and contrast extending beyond the cortical margin indicating an annular tear at the L5/S1 level.

Disputed Services:

Percutaneous discectomy.

Decision:

The reviewer agrees with the determination of the insurance carrier and is of the opinion that a percutaneous discectomy is not medically necessary in this case.

Rationale:

What is unknown from the records provided is what degree of conservative management the patient has had. If the patient has been through extensive physical therapy and has taken appropriate oral anti-inflammatory medications; then, the prior discogram results, along with back, buttock, and thigh pain leads one to the conclusion that the appropriate surgical procedure that would benefit this patient is a lumbar fusion. This would be medically necessary.

Percutaneous discectomy would have no benefit for this patient with significant back and buttock pain and is not medically necessary.