

MEDICAL REVIEW OF TEXAS

[IRO #5259]

3402 Vanshire Drive

Austin, Texas 78738

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NOTICE OF INDEPENDENT REVIEW DETERMINATION

TWCC Case Number:	
MDR Tracking Number:	M2-05-0715-01
Name of Patient:	
Name of URA/Payer:	Texas Mutual Insurance Co.
Name of Provider: (ER, Hospital, or Other Facility)	
Name of Physician: (Treating or Requesting)	David Dolezal, DC

February 14, 2005

An independent review of the above-referenced case has been completed by a medical physician board certified in physical medicine and rehabilitation. 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,

Michael S. Lifshen, MD
Medical Director

cc: Ryan N. Potter, MD
David Dolezal, DC
Texas Workers Compensation Commission

CLINICAL HISTORY

Records indicate that the patient has been evaluated by comprehensive pain management on April 15, 2002, with lower back pain and leg pain. He had been under the care of Dr. Ugarte and then Dr. Dolezal. He had been placed in therapy, work hardening, and was unsuccessful. He had complaints of pain radiating to his lateral thigh and all the way into his toes, which were numb. He had epidural injections in July 2002, June 2003, August 2003, June 2004, August 2004, and October 2004. With these injections, he had been able to return to work full duty status as an oilfield worker. He has had nerve conductions, which revealed radicular components of S1 radiculopathy on November 18, 2003. He had an MRI revealing multilevel disc protrusions. Apparently, the discograms were denied because Dr. Tsourmas, the reviewing physician, did not feel that the patient was a fusion candidate. Previous MRI of the lumbar spine shows concentric disc bulge at L1 through L3. At L4-L5, there is minimal posterior central left paracentral focal disc protrusion without extrusion that was from 1998. Apparent date of injury is ____

REQUESTED SERVICE(S)

Medical necessity of proposed outpatient discogram at L3-L4, L4-L5 and L5-S1 under fluoroscopic guidance with post-discogram CT scan.

DECISION

Reverse prior decision. Approve. The discograms are reasonable and appropriate evaluation of this particular individual and his findings.

RATIONALE/BASIS FOR DECISION

1. Progressive degenerative disc disease at multiple levels can result in need for surgical intervention.

2. Intractable back pain has required years of management. Frequently, can be the result of discogenic pain and discogenic pain can be diagnosed with discograms.

The discograms are reasonable and appropriate tests and would have a direct impact on possible future treatment.

There is an additional issue that needs to be addressed and it is not the appropriateness of the discograms, but whether or not the present complaints of back pain are referable to the work injury of ____, or whether they are disease of life injury. Nonetheless, in terms of medical appropriateness, discograms are reasonable and appropriate evaluation for this individual.

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 15th day of February, 2005.

Signature of IRO Employee: _____

Printed Name of IRO Employee: Cindy Mitchell