

MEDICAL REVIEW OF TEXAS

[IRO #5259]

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NOTICE OF INDEPENDENT REVIEW DETERMINATION

TWCC Case Number:	
MDR Tracking Number:	M2-05-0869-01
Name of Patient:	
Name of URA/Payer:	Old Republic Insurance Co.
Name of Provider: (ER, Hospital, or Other Facility)	
Name of Physician: (Treating or Requesting)	Randee Poortvliet, DC

March 14, 2005

An independent review of the above-referenced case has been completed by a medical physician board certified in orthopedic surgery. 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.

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Sincerely,

Michael S. Lifshen, MD
Medical Director

cc: James Guess, MD
Ranee Poortvliet, DC
Texas Workers Compensation Commission

RE:

CLINICAL HISTORY

This 54-year-old man has had 3-4 back injuries over the years. According to Michael Hisey, MD's medical records he initially injured his low back in ___ lifting bags of concrete. In ___ he sustained a low back injury lifting heavy metal. William H. McCrae, MD's medical records indicate that there was another low back injury in ____. The mechanism of that injury was not discussed.

On ___ the patient fell 8 feet from a ladder landing on rails on his buttocks. He has had ongoing low back problems since that event. He has been treated with physical therapy and medications. He has been seen by a psycho therapist who feels that his pain has both psychological and medical components.

The patient has been evaluated with three MRI's over the years. The most recent MRI was performed subsequent to the 6/18/03 event. This MRI was performed on 2/18/04 and reportedly showed disc desiccation at the L4-5 and L5-S1 levels with a 2-mm bulge at the L5-S1 level. A discogram and post discogram CT scan was performed on 8/17/04 which reportedly showed Grade IV annular tears and concordant pain at L3-4, L4-5 and L5-S1.

Dr. Hisey, a spine surgeon at Texas Back Institute does not believe that the patient is a candidate for a 3-level fusion. Dr. Gioia, a neurosurgeon does not dispute this. However since the MRI did not show pathology at L3-4 and the discogram was abnormal at that level he would like new discograms by an independent examiner. The medical records also indicate that the patient may have degenerative disc disease at all levels and the request is being made to evaluate the L2-3 level as well.

REQUESTED SERVICE(S)

Lumbar discogram with CT.

DECISION

Denied. Concur with the carrier that this procedure has already been done. The pathology has been illustrated in black and white. Further, irrespective of whether the L2-3 disc is abnormal, the treatment

RE:

offered to the patient would not be affected. Discography at that level therefore is not indicated.

RATIONALE/BASIS FOR DECISION

This patient has had a discogram and post discogram CT showing abnormal discs at the lower three levels. No surgeon that has evaluated him has recommended a 3-level fusion, which would be required for a 3-level disease. If the L2-3 discography showed abnormality, which would indicate 4-level disease and make the patient even less of a surgical candidate.

Further, there is no rationale for repeat discogram using lower volume injection to evaluate for concordant pain. EJ Carragee from Stanford University has publications in *Spine* December 2000 and *Orthopedic Clinics of North America* January 2004. In both publications he questions the validity of concordant pain with discography. In the first article he found that pain response "may be amplified in those subjects with issues of chronic pain, social stressors such as secondary gain or litigation claims, or psychometric stress disorders." The second article reiterates this point. It shows in asymptomatic people with normal psychometric profiles and known abnormal discs will have pain 40 percent of the time with injection of these discs. Therefore, simply because the patient has pain associated with discography an abnormal discogram does not mean that the disc is causing symptoms.

In conclusion, in this patient with known disc desiccation at three levels there is no indication to repeat lumbar discography.

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 14th day of March 2005.

Signature of IRO Employee: _____

Printed Name of IRO Employee: Cindy Mitchell