

# MEDICAL REVIEW OF TEXAS

[IRO #5259]

3402 Vanshire Drive

Austin, Texas 78738

Phone: 512-402-1400

FAX: 512-402-1012

## NOTICE OF INDEPENDENT REVIEW DETERMINATION

TWCC Case Number:	
MDR Tracking Number:	M2-05-0961-01
Name of Patient:	
Name of URA/Payer:	Travelers Indemnity Company
Name of Provider: (ER, Hospital, or Other Facility)	
Name of Physician:	Ralph Rashbaum, MD
(Treating or Requesting)	

March 23, 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: Ralph Rashbaum, MD  
Texas Workers Compensation Commission

RE:

CLINICAL HISTORY

\_\_\_ has a history of prior L3-4 and L4-5 lumbar fusion as well as prior left total hip replacement.

On \_\_\_ a cart got unbalanced and a pallet behind the claimant caused him to fall backwards on his left hip and buttocks. He stated that prior to this fall his back was not problematic. Subsequent to it he had ongoing back pain.

After initial conservative treatment he was returned to the operating room on 7/16/02 with a diagnosis of pseudoarthrosis of his L3-L5 fusion. He had hardware revision with re-instrumentation and augmentation of his fusion.

Postoperatively \_\_\_ claimed that his pain was worse. He has been treated with narcotic analgesics and Neurontin. A myelogram and post myelogram CT scan performed 11/12/03 reportedly showed generalized disc bulging at L2-3 and L5-S1 and central disc protrusion at T12-L1 lateralized to the left greater than the right. Although a procedure report was not provided in the records presented for review the patient also has had facet injections at L5-S1 and L2-3 with some relief after the L2-3 injection.

\_\_\_ has other medical problems including diabetes mellitus and hypertension. He has had three prior surgeries to his left shoulder.

The records indicate that he is disabled from work because of conditions unrelated to his back.

REQUESTED SERVICE(S)

Discography and post discogram CT scan L2-3 and L5-S1.

DECISION

Denied. Concur with the carrier that discography is an unreliable method of determining if a disc is symptomatic. Further, there was no mention of the range of motion of this patient's left total hip replacement in the medical records presented for review. If he has limited flexion of his hip, extending his lumbar fusion may significantly impair his ability to sit comfortably and perform activities of daily living.

RATIONALE/BASIS FOR DECISION

There is no documentation provided that this patient has a spondylolisthesis or instability at L2-3 or L5-S1 requiring fusion. The carrier cites "Orthopedic Knowledge II" as stating that discography is controversial with regards to documenting symptomatic discs. Subsequent to that, E.J. 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 asymptomatic people with normal psychometric profiles and known abnormal discs will have pain 40% of the time with injection of these discs. Therefore simply because a patient has pain associated with discography an abnormal discogram does not mean that the disc is causing symptoms.

In conclusion, in this patient with narcotic dependence, diabetes mellitus, prior left total hip replacement, prior 2-level fusion with subsequent augmentation of the fusion without relief of the pain, discography will not yield any information that could be reliably used to determine if surgical intervention would be beneficial at L2-3 and

L5-S1. Therefore, discography at these levels is not indicated in 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 23<sup>rd</sup> day of March 2005.

Signature of IRO Employee: \_\_\_\_\_

Printed Name of IRO Employee: Cindy Mitchell