



Specialty Independent Review Organization, Inc.

March 3, 2005

Hilda Baker
TWCC Medical Dispute Resolution
7551 Metro Center Suite 100
Austin, TX 78744

Patient:
TWCC #:
MDR Tracking #: M2-05-0972-01
IRO #: 5284

Specialty IRO has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to Specialty IRO for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

Specialty IRO has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

This case was reviewed by a licensed Doctor of Osteopathy who is board certified in Orthopedics. The reviewer is on the TWCC ADL. The Specialty IRO health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to Specialty IRO for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

This 49 year old male was injured on ___ when he was lifting and carrying an antique couch. A co-worker dropped his end and the patient was knocked over the couch. He developed low back pain and has worked light duty since. The physical examination reveals flexion 45 degrees, tenderness in the low back, and lateral bending causes pain. The MRI on 09/01/2003 indicates a mild facet arthrosis at L3-4, a decreased intensity and a 10-15% narrowing at L4-5, and the L5-S1 is normal. The patient had an EMG that is reported as normal. The patient has received facet injections on 10/03/2003, 10/22/2003. On 02/04/2004 patient had an epidural injection. All of these injections gave only temporary relief. The patient has received physical therapy throughout this time.

Records Reviewed:

Intracorp Letter: 12/27/2004, 01/12/2005.

Records from Doctors/Facility: M. Laning, DC – 12/27/2004.
R Henderson, MD – 02/06/2004, 06/28/2004, 07/19/2004,
and 12/17/2004.
Irving Imaging Center – MRI 09/01/2003
D Ninala, MD – 12/05/2003, EMG Normal

Records from Carrier:

J DeJesus, MD – Letter, 02/03/2004.
Z Khubchandani, MD – Letter, 11/20/2003.
J Lewis, MD – Letter, 09/17/2003, 10/22/2003
Intracorp Letter, 09/29/2003, 03/17/2004.
Activity Status Report, 07/09/2003 through 11/17/2004.
M Laning, DC – 04/28/2004 (1-2 times weekly) through 10/20/2004.
R Wright, MD – Letter, 03/02/2004, 09/19/2004.
Mobile Diagnostic of Texas – 04/13/2004 PPE
H Sedighi, MD – Letter, 07/15/2004 FCE

REQUESTED SERVICE

The item in dispute is the prospective medical necessity of a lumbar discogram/CT at the lower three or lower four intervertebral disc segments if control level is still needed.

DECISION

The reviewer agrees with the previous adverse determination.

BASIS FOR THE DECISION

This patient apparently has a very mild degenerated disc at L4-5 with no evidence of HNP or PNP. On the MRI there is no report of disc pathology at the other levels. Recent studies on discography do not support its use as a preoperative indication for surgery. Discography does not identify the symptomatic high intensity zone of the disc. The discography can lead to false positive findings. These are in agreement with ACOEM Guidelines.

ACOEM Guidelines, 2nd Edition, Chapter 12, Low Back.
Campbell's Operative Orthopedics, 10th Edition.
Rothman, THE SPINE, 4th Edition.

Specialty IRO has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Specialty IRO has made no determinations regarding benefits available under the injured employee's policy. Specialty IRO believes it has made a reasonable attempt to obtain all medical records for this review and afforded the

requestor, respondent and treating doctor an opportunity to provide additional information in a convenient and timely manner.

As an officer of Specialty IRO, Inc, dba Specialty IRO, I certify that there is no known conflict between the reviewer, Specialty IRO and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

Sincerely,

Wendy Perelli, CEO

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.

In the case of prospective *spinal surgery* decision, a request for a hearing must be made in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** days of your receipt of this decision. (20 Tex. Admin. Code 142.5(c)).

In the case of other *prospective (preauthorization) medical necessity* disputes a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) 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 (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 Worker's Compensation Commission, P.O. Box 17787, Austin, TX 78744. The fax number is 512-804-4011. A copy of this decision should be attached to the request.

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute, per TWCC rule 133.308(u)(2).

Sincerely,

Wendy Perelli, CEO

I hereby certify, in accordance with TWCC Rule 102.4 (h), that a copy of this Independent Review Organization decision was sent to the carrier, requestor, claimant (and/or the claimant's representative) and the TWCC via facsimile, U.S. Postal Service or both on this 3rd day of March, 2005

Signature of Specialty IRO Representative:

Name of Specialty IRO Representative: Wendy Perelli