



Specialty Independent Review Organization, Inc.

April 18, 2005

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

Patient:
TWCC #:
MDR Tracking #: M2-05-1261-01
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 with a specialty 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 48 year old female injured her low back on _____. She has indicated she has had some problems with her back, stemming from a motor vehicle accident in _____. This resulted in an IDET procedure at L4-5 and 5-S1 in 2000. She was getting along fairly well until her injury of _____. She slipped inside a walk-in freezer and had immediate pain radiating down her right lower extremity. She describes a burning like pain that is worse with walking. Patient denies any problems with bowels or bladder, any changes with coughing or sneezing. She has had a good course of conservative care with physical therapy, 3 epidural steroid injections, and VAX-D traction. Patient takes Bextra and Vicodin. This patient continues to have a considerable amount of pain in her right lower extremity.

The physical examination reveals tenderness at the right SI joint and at the LS joint, tenderness in the right sciatic notch, and mild weakness of the great toe. The MRI of 02/27/2004 revealed disc protrusion at L4-5 and 5-S1 with slight encroachment on the right L4-5 level.

List of Specific Documents Reviewed:

IMO Letter: 1-24-2005, 2-9-2005
Raabe, MD: 1-12-2005, 1-27-2005

Records from Doctor/Facility:

CD Cowan, PC: 4-11-2005, 2-16-2004
Carson, MD: 2-3-2004, 2-16-2004
Texas Spine & Joint: 2-27-2004, MRI
3-22-2004 Epidural Injection
5-10-2004 Epidural Injection
6-14-2004 Epidural Injection
1-03-2005 (Foraminal Injection)
Raabe, MD: 11-30-2004, 1-12-2005, 1-27-2005, 3-3-2005.

Additional Records from Carrier: IMO, 3-16-2005

REQUESTED SERVICE

The items in dispute are the prospective medical necessity of a discogram at lumbar 3-4, lumbar 4-5 and lumbar S-1.

DECISION

The reviewer disagrees with the previous adverse determination.

BASIS FOR THE DECISION

The patient had prior surgery with IDET at L4-5 and 5-S1 five years ago. The small puncture wound in the annulus would have closed and the area would have filled in with scar tissue. The discogram at the three levels should indicate the pain generated. The patient does have encroachment on the right side at L4-5. Patient symptoms are of a sciatic nerve involvement on the right side. The algorithm from ASIPP follows the epidural injections and if minimal or no relief, then a discography.

American Society of Interventional Pain Physicians, Practice Guidelines, Pain Physician Volume 4 #1, p. 24-98, 2001.

International Spine Interventional Society, Practice Management Guidelines, 2005.

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 20th day of April 2005

Signature of Specialty IRO Representative:

Name of Specialty IRO Representative: Wendy Perelli