



Specialty Independent Review Organization, Inc.

May 24, 2005

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

Patient:  
TWCC #:  
MDR Tracking #: M2-05-1355-01  
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 Medical Doctor who is board certified in Neurology. 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

Mr. \_\_\_ has been employed by an airline as a fleet service clerk. This is a heavy occupation, which requires handling of cargo on and off the aircraft, carts, containers and trucks, cleaning and servicing of aircraft interiors, filling of fuel trucks from storage tanks, driving a fuel truck, servicing aircraft and ground equipment as required.

On the date of Mr. \_\_\_'s alleged injury, he apparently slipped inside an aircraft injuring his left wrist and his lower back. He reported the injury to his employer and then saw her personal physician Dr. Jasiniski, but there are no records submitted from Dr. Jasiniski.

He then presented to a chiropractor, Dr. Gene L. Couturier, on January 5, 2005 approximately 2 months after his injury. Dr. Couturier noted that he had a limp of his right lower extremity and had difficulty arising from a seated position. His movements were slow and guarded on and off the exam table and he had difficulty lying the supine position due to increased pain in the lumbar region radiating into the right buttocks. He has no obvious bruising or swelling noted in the area of the injury. He had reduced range of motion on flexion/extension left lateral flexion and right lateral flexion. All movements caused severe pain in the midlumbar region with "shaking presentation during motion due to pain, which further limits movement". His muscle strength and reflexes were normal. His sensory testing was normal. He had a positive bilateral Kemp's test, positive right Bechterew's test, positive right Ely's test and a positive straight leg test at 45 degrees and a positive right Nachlas test. Dr. Couturier recommended referral for a functional capacity evaluation, chiropractic manipulative treatments and referral to an orthopedic surgeon Dr. Kjeldgaard.

Records from Dr. Kjeldgaard indicated an initial consultation on 01-20-05. Dr. Kjeldgaard indicated the Mr. \_\_\_ had received therapy for 2 months, which did not help and he had also had 2 facet injections and 1 epidural steroid injection, which had helped slightly. He had also had a lumbar MRI and EMG of the lower extremities. Please note there are no records from the facet injections or the lumbar ESI submitted. Nor is the report of the EMG submitted. Dr. Kjeldgaard documented a normal neurologic examination with normal strength and reflexes. He had negative straight leg raising, but he did appear to walk antalgically, favoring the right lower extremity. His initial impression was lumbar sprain/strain, lumbar and tractable mechanical back pain and lumbar myofascial syndrome. He recommended an MRI of the lumbar spine and no recommendations for surgery. There was a discussion about a diskogram, but this had been a disputed service.

Mr. \_\_\_ was also seen by Dr. Ved Aggarwal, a spine surgeon, on 01-25-05 for an evaluation. Dr. Aggarwal documented positive right straight leg raising at 35 degrees, and a reduced right ankle reflex. His impression was lumbar radiculitis, lumbar IDD, lumbar facet syndrome and myofascial syndrome. He recommended a lumbar diskogram with post CT scan at L3-4, L4-5 and L5-S1. He saw Mr. \_\_\_ again on 03-11-05, at which time he was described as having negative straight leg raising to 60 degrees, symmetrical reflexes with no facet joint tenderness or sacroiliac tenderness. His impression remained the same.

Mr. \_\_\_ underwent a required medial examination by Dr. J. William Wellborn, on April 7, 2005. This indicated no need for any further chiropractic treatments, diagnostic tests, specialists, referrals and suggested an aggressive self-directed home exercise program and weaning off of prescription medications.

The only pertinent test result submitted was a MRI of the lumbar spine without contrast performed on 02-03-05. This showed mild spinal stenosis due to a combination of a broad-base disk bulge and mild facet and ligamentum flavum hypertrophy at L4-5. There was mild spinal stenosis noted at L3-4 with adequate neuroforamen.

Again, please note the EMG study is not submitted.

#### RECORDS REVIEWED

1. Initial consultation and treatment records, New Help Clinics, Gene Couturier, DC, dated 01-05-05 to 04-11-05.
2. Initial consultation, Larry Kjeldgaard, DO, 01-20-05.
3. Initial history and physical and office follow-up note, Ved Aggarwal, MD, 01-25-05 to 03-11-05.
4. Required medical examination, J. William Wellborn, MD, April 7, 2005.
5. Job description American Airlines Fleet Service Clerk, dated 03-1996.
6. Review determination, SRS by John Yatsu, MD, 02-16-05.
7. Review determination, SRS by Robert Simpson, MD, dated 03-02-05.
8. MRI of the lumbar spine without contrast, Texas Imaging and Diagnostic Center, 02-03-05.

#### REQUESTED SERVICE

The requested service is a lumbar discogram with post CT scan with fluoroscopy and anesthesia codes 72131 and 72295 (times 3).

#### DECISION

The requestor agrees with the previous adverse determination.

#### BASIS FOR THE DECISION

Lumbar diskography is not supported in the literature as an accepted diagnostic study in the evaluation of patients with nonradicular back pain. It is of no additional benefit compared to other imaging or diagnostic modalities. There are risks of false positive studies. Please see the attached references.

#### REFERENCES

- Antti-Poika I, Soini J, Tallroth K, et al: Clinical relevance of discography combined with CT scanning. A study of 100 patients. J Bone Joint Surg Br 1990 May; 72(3): 480-5[[Medline](#)].
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- Heggeness MH, Watters WC, Gray PM: Discography of lumbar discs after surgical treatment for disc herniation. Spine 1997 Jul 15; 22(14): 1606-9[[Medline](#)].
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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 40669, Austin, TX 78704-0012. 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(t)(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 24<sup>th</sup> day of May, 2005**

**Signature of Specialty IRO Representative:**

**Name of Specialty IRO Representative: Wendy Perelli**