

June 7, 2005

TEXAS WORKERS COMP. COMISSION
AUSTIN, TX 78744-1609

CLAIMANT: ___

EMPLOYEE: ___

POLICY: M2-05-1398-01 / ___

CLIENT TRACKING NUMBER: M2-05-1398-01 / 5278

Medical Review Institute of America (MRIOA) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO). The Texas Workers Compensation Commission has assigned the above mentioned case to MRIOA for independent review in accordance with TWCC Rule 133 which provides for medical dispute resolution by an IRO.

MRIOA 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. Itemization of this information will follow.

The independent review was performed by a peer of the treating provider for this patient. The reviewer in this case is on the TWCC approved doctor list (ADL). The reviewer has signed a statement indicating they have no known conflicts of interest existing between themselves and the treating doctors/providers for the patient in question or any of the doctors/providers who reviewed the case prior to the referral to MRIOA for independent review.

Records Received:

Records received from state:

- TWCC Notification of IRO Assignment 5/25/05
- Letter to MRIOA from TWCC 5/25/05
- Medical Dispute Resolution Request/Response
- Table of Disputed Services
- List of treating providers
- Texas Mutual Insurance Company (TMIC) Request for Preauthorization and Concurrent Review
- Letter to Dr. LeGrand from TMIC 2/18/05
- Letter to ___ from TMIC 3/10/05

Records from treating provider:

(continued)

- MRI cervical spine 2003
- Exam, Dr. LeGrand, 9/11/03
- Office notes, Dr. LeGrand 11/24/03
- Operative report, Dr. LeGrand 2/25/04
- Discharge summary, Dr. LeGrand 2/25/04
- Follow-up, Dr. LeGrand 3/18/04, 7/1/04, 9/16/04, 10/18/04, 10/25/04, 11/11/04, 12/6/04, 1/6/05, 2/14/05, 2/25/05, 3/14/05
- MRI lumbar spine 8/20/04
- Lumbar myelogram followed by CT 12/1/04
- Operative report 12/1/04

Records from insurance company:

- TMIC Case Summary 5/31/05
- Exhibit 1:
- Letter to Dr. LeGrand from TMIC 2/18/05
- Letter to ____ from TMIC 3/10/05
- Exhibit 2:
- X-ray cervical spine 2/14/05
- Follow-up, Dr. LeGrand 2/14/05, 1/6/05
- TWCC-69 4/8/05

Summary of Treatment/Case History:

This 50 year old male had a lifting injury _____. For the neck pain he had anterior disc removal and fusion. He has done well as far as neck pain. Some time before 7/04 (records are not clear) he developed low back pain that has persisted and keeps him from returning to work. Has received medication for the pain, Depo-Medrol spinal injections, but the pain persists. Exam shows loss lumbar lordosis and limitation range of motion in back. MRI, myelogram and CT of lumbar spine, and clinical course have established diagnosis of multi-level disc disease lumbar spine, degenerative disc disease. Dr. LeGrand has requested lumbar discogram to determine level of pain generator to decide if surgery may be needed and levels. This has been denied twice and now another review requested.

Questions for Review:

1. Please address prospective medical necessity of proposed lumbar discogram with CT?

Explanation of Findings:

While discogram is somewhat controversial it is considered to be the only provocative method available to assess patients with possible discogenic pain generator. It is thought that this patient's low back pain is due to disc disease. It should be used to detect the level or levels causing pain in which multi-levels of disease is present. This patient has multi-levels of disc disease. Chapman and Walsh (see references) both report use of discogram to indicate level of pain generator in low back pain. The first non authorization said patient did not need fusion but did state discogram does indicate what level may need to be fused so did not certify. As the record does not clearly state fusion is to be done but discogram is to see if pain generator in disc, medical necessity is established. The second non authorization states patient has radiculopathy and discogram is of no value in cases of this nature. While this may be the case, the records indicate the main pain is in the back and leg pain seems to be less than back pain. Again based on mainly low back pain medical necessity is established.

(continued)

Conclusion/Decision to Certify:

Medical necessity of proposed lumbar discogram with CT is established.

References Used in Support of Decision:

Chapman's Orthopedic Surgery Editor Michael Chapman, MD 3rd edition 2001 Lippincott Williams and Wilkins. Section VIII Degenerative Disc Disease, Section on Discography Pages 3758-3787. While the next two references may seem dated much of the work on this procedure was done years ago. These two articles proved its value. Walsh T. et al Lumbar discography in normal subjects J. Bone Joint Surgery(Am) 1990:72;1081. Simmons J. et al A reassessment of Holt's data in "The question of lumbar discography". Clin Orthop 1988:237:20.

The specialist providing this review is board certified in Neurosurgery. The reviewer has served as the chief Neurosurgeon at several VA Hospitals throughout the country. The reviewer is a member of the American Medical Association, the American College of Surgeons, the American Paraplegia Society, Congress of Neurological Surgeons and the American Association of Neurosurgeons. The Reviewer has served as an association professor, assistant professor and clinical instructor at the university level. The reviewer also has publishing, presentation and research experience within their specialty. The reviewer has been in active practice for over 20 years.

MRloA is forwarding this decision by mail, and in the case of time sensitive matters by facsimile, a copy of this finding to the treating provider, payor and/or URA, patient and the TWCC.

YOUR RIGHT TO REQUEST A HEARING

Either party to the medical dispute may disagree with all or part of this 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 ten (10) days of your receipt of this decision as per 28 Texas 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 twenty (20) days of your receipt of this decision as per Texas Admin. Code 102.4 (h) or 102.5 (d). A request for hearing should be sent to:

Chief Clerk of Proceedings
Texas Workers' Compensation Commission
POB 40669
Austin, TX 78704-0012

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A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute

It is the policy of Medical Review Institute of America to keep the names of its reviewing physicians confidential. Accordingly, the identity of the reviewing physician will only be released as required by state or federal regulations. If release of the review to a third party, including an insured and/or provider, is necessary, all applicable state and federal regulations must be followed.

Medical Review Institute of America retains qualified independent physician reviewers and clinical advisors who perform peer case reviews as requested by MRIOA clients. These physician reviewers and clinical advisors are independent contractors who are credentialed in accordance with their particular specialties, the standards of the American Accreditation Health Care Commission (URAC), and/or other state and federal regulatory requirements.

The written opinions provided by MRIOA represent the opinions of the physician reviewers and clinical advisors who reviewed the case. These case review opinions are provided in good faith, based on the medical records and information submitted to MRIOA for review, the published scientific medical literature, and other relevant information such as that available through federal agencies, institutes and professional associations. Medical Review Institute of America assumes no liability for the opinions of its contracted physicians and/or clinician advisors. The health plan, organization or other party authorizing this case review agrees to hold MRIOA harmless for any and all claims which may arise as a result of this case review. The health plan, organization or other third party requesting or authorizing this review is responsible for policy interpretation and for the final determination made regarding coverage and/or eligibility for this case.

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cc: ___

Texas Mutual Insurance Co