



Specialty Independent Review Organization, Inc.

April 29, 2005

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

Patient:
TWCC #:
MDR Tracking #: M2-05-1400-01
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 42 year old male injured his low back, buttock, and right groin on _____. He was lifting a heavy sofa and was pulled forward and stepped off the curb. The sofa dropped and pulled the patient forward. He felt a sudden onset of lower back pain, extending to his buttocks and right groin pain. He did not fall but has continued to have severe pain in his low back. The pain is worse with extension, changing positions, and walking.

The physical examination showed tenderness with muscle spasm in the lumbar area, flexion is limited to 30 degrees, extension 10 degrees, straight leg raise positive on the right, and tenderness in the right inguinal area. The muscle strength is 5/5.

The patient has continued to work light duty and has had slight improvement with physical therapy and a home exercise program. The patient had an MRI on 05/20/2004 that revealed an annular tear and mild annular bulge into epidural fat at L5-S1.

Records Reviewed:

The Hartford, Letter: 2/4/05.

Michael McCann, MD, Letter: 2/15/05.

Records from Doctor/Facility:

M McCann, MD – Transforminal ESI @ L5-S1: 12/27/04.
Report, 11/10/04.

HealthSouth – MRI: 5/20/04, 2/9/05.

Christus St. Catherine, Progress Report: 3/15/04, 6/05/04.

P. Nguyen, MD – Report: 3/29/04 through 3/28/05.

Additional Records from Patient:

___ Letter: 4/22/05.

Additional Records from Carrier:

The Hartford, Letter: 3/23/05.

M McCann, MD, Letter: 11/10/04 through 3/16/05.

TWCC Work Status Report: 3/25/05.

Alan Strizak, MD, Report: 3/20/05.

John Bergeron, MD, Report: 2/09/04.

REQUESTED SERVICE

The item in dispute is the prospective medical necessity of a lumbar discogram with post lumbar CT scan.

DECISION

The reviewer disagrees with the previous adverse determination.

BASIS FOR THE DECISION

This patient has had back pain since his injury and has failed to respond to conservative care including physical therapy, ESI, and medications. The MRI showed an annular tear at L5-S1.

The ACOEM Guidelines state that discography is fairly common and when considered, it should be reserved for patients with: Back pain for at least 3 months, failure of conservative treatment, is a candidate for surgery, and has been briefed on the potential risks.

The American Academy of Orthopedic Surgeons Clinical Guidelines on Low Back Pain/Sciatic state discogram is a sensitive but not very specific test for anterior column pain sources and thus should not be used alone to determine the need for surgical intervention.

American Academy of Orthopedic Surgeons, Clinical Guidelines on Low Backpain/Sciatic, 2002.

*AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE,
Occupational Medical Practice Guidelines, 2nd Edition,
Chapter 12.*

*AMERICAN SOCIETY of INTERVENTIONAL PAIN PHYSICIANS, Pain Physician Volume 4,
#1, p. 24-98, 2001.*

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 29th day of April 2005

Signature of Specialty IRO Representative:

Name of Specialty IRO Representative: Wendy Perelli