



## YOUR RIGHT TO REQUEST A HEARING

Either party to this 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 (28 Tex. 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 (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you **five (5) 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 Workers' Compensation Commission, MS-48  
7551 Metro Center Dr., Ste. 100  
Austin, TX 78744-1609

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.

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on July 7, 2005.

Sincerely,

Gilbert Prud'homme  
General Counsel

GP/dd

### REVIEWER'S REPORT M2-05-1423-01

#### Information Provided for Review:

TWCC-60, Table of Disputed Services, EOB's

From Requestor:

Correspondence

Office visits 12/07/04 – 02/09/05

Radiology reports 11/17/04 – 04/20/05

From Respondent:

Correspondence

Designated doctor review

From Treating Doctor:

Office notes 10/25/04 – 04/20/05

Physical therapy note 10/27/04

From Spine Surgeon:

Office note 02/24/05

**Clinical History:**

This claimant sustained a work-related injury on \_\_\_ and experienced low back pain. This has remained persistent with radiation down the left lower extremity. She has been treated conservatively with physical therapy as well as medications including anti-inflammatory medications such as Celebrex as well as muscle relaxers. She has undergone a course of epidural steroid injections that may have provided partial and temporary relief as well as facet joint block without any lasting benefit. Imaging has shown some degenerative disc disease with some possible annular tears. She has been evaluated by an orthopedic surgeon and has not been found to have any surgically correctable problems. Because of ongoing pain and imaging findings, provocative discograms studying the lumbar spine at multiple levels has been recommended for further diagnostics

**Disputed Services:**

Provocative discogram @ L1-2, L2-3, L4-5, L5-S1 (62290 X 5 levels & 72295 X 5 levels), IV sedation of lumbar spine to follow discogram.

**Decision:**

The reviewer disagrees with the determination of the insurance carrier and is of the opinion that the procedure in dispute as stated above is medically necessary in this case.

**Rationale:**

It is clear from the medical record that this claimant continues to be troubled by low back pain, several sources for which have been methodically either ruled out or attempted to be treated, including radicular dysfunction, facet joint pain, etc. A component of myofascial pain syndrome may still be present and contributing to her ongoing symptoms, but this may be overlying an underlying pain generator such as the discs that appear to have some degeneration and possibly some annular tears on imaging. Whether the discs are a significant source of her ongoing symptomatology can be clarified by the provocative discogram study. Though the number of levels may be a bit more than usual, it does appear that this claimant has disc degeneration at multiple levels, any of which may be her pain generator. Therefore, for further diagnostic clarification for her ongoing pain, the reviewer does feel that this claimant would be a good candidate for a diagnostic provocative discogram study of the lumbar spine, as requested by her spine pain specialist.