

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 June 9, 2005.

Sincerely,

Gilbert Prud'homme
General Counsel

GP/th

**REVIEWER'S REPORT
M2-05-1493-01**

Information Provided for Review:

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

Information from Requestor:

Office note 01/24/05

Radiology reports 06/10/02 – 08/20/04

Information from Respondent:

Correspondence

Designated doctor review

Information from Chiropractor:

Office notes 06/24/04 – 03/10/05

Information from Family Practitioner:

Office notes 05/14/02 – 02/10/05

Clinical History:

The patient is a 38-year-old female who injured her lower back while working on _____. She felt a pop and was found to have L5/S1 degenerative disc disease. She also had some mild radiculitis. She failed conservative management and subsequently underwent lumbar anterior interbody fusion at L5/S1. She did not do well and experienced no improvement of her symptoms postoperatively. A recent discography at L3/L4 and L4/L5 has been recommended to see if she

has another pain-generating disc. Of note, prior to the L5/S1 surgery, she did have a preoperative discogram that showed no symptoms at L4/L5. Postoperatively a CT myelogram did not demonstrate any abnormalities at L3/L4 and L4/L5. In addition, postoperatively the patient did demonstrate some depressive symptoms, contributing to her pain syndrome.

Disputed Services:

Lumbar discogram/CT @ L3-L4, L4-L5 above the fusion.

Decision:

The reviewer agrees with the determination of the insurance carrier and is of the opinion that the procedure in dispute as stated above is not medically necessary in this case.

Rationale:

The patient has had a treating surgeon's request for discogram to "see if they missed any pain generators," implying that the surgery was performed on the wrong site. However, this patient had a preoperative discogram that did not show any concordant pain at L4/L5. Therefore, discogram would be very low yield and not indicated. In addition, this patient has psychological issues that probably need to be addressed prior to any other surgical consideration on her lumbar spine, as she is a very poor candidate for any relief with any further lumbar surgery. Therefore, the discogram is not indicated.