

June 6, 2005

Re: MDR #: M2-05-1564-01 **Injured Employee:**
TWCC#: **DOI:**
IRO Cert. #: 5055 **SS#:**

TRANSMITTED VIA FAX TO:
Texas Workers' Compensation Commission
Attention:
Medical Dispute Resolution
Fax: (512) 804-4868

REQUESTOR:
Ved V. Aggarwal, MD
Attention: Lori Walden
(817) 348-8602

RESPONDENT:
Ace American Insurance Co.
Attention: Shelley Smith
(972) 465-7964

TREATING DOCTOR:
Can Ho, DC
(817) 870-3667

Dear Ms. ____;

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to IRI for an independent review. IRI has performed an independent review of the medical records to determine medical necessity. In performing this review, IRI reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the Secretary and General Counsel of Independent Review, Inc. and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this care for determination prior to referral to the Independent Review Organization. Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is board certified in Orthopedic Surgery and is currently listed on the TWCC Approved Doctor List.

We are simultaneously forwarding copies of this report to the payor and the Texas Workers' Compensation Commission. This decision by Independent Review, Inc. is deemed to be a Commission decision and order.

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 June 6, 2005.

Sincerely,

Gilbert Prud'homme
General Counsel

GP/th

**REVIEWER'S REPORT
M2-05-1564-01**

Information Provided for Review:

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

Information from Requestor:

Office notes 12/15/03 – 04/05/05

Radiology reports 04/23/03 – 12/23/04

Information from Respondent:

Correspondence

Designated doctor reviews

Information from Chiropractor:

Office notes 03/25/03 – 02/16/05

Therapy notes 10/06/04 – 03/31/05

FCE's 03/11/05 – 04/05/05

Radiology report 10/03/03

Information from Neurosurgeon:

Office notes 03/04/04 – 01/17/05

Nerve conduction tests 10/14/03 – 10/01/04

Clinical History:

The patient is a 32-year-old female who suffered an injury to the low back while at work on _____. The patient was treated conservatively with extensive conservative measures including

chiropractic, physical therapy, facet injections, and was eventually worked up with a CT scan, myelogram, and MRI scan. This revealed L4/L5 disc abnormalities as well as L5/S1 disc herniation and S1 nerve root impingement. She has seen multiple neurosurgeons and spine surgeons who have recommended discography at L3/L4, L4/L5, and L5/S1 prior to considering any surgical intervention because of the amount of low back pain that she has in addition to her radicular symptoms.

Disputed Services:

Discogram w/post CT scan at L3-4, L4-5 and L5-S1

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:

This patient has internal disc disruption with associated L5/S1 radiculopathy. Because of the amount of low back pain that this patient has as well as disc abnormalities noted on MRI scan, lumbar discography would be very informative prior to any surgical management of this patient's lumbar disc disease. Simple microdiscectomy may not be adequate if lumbar discography is positive. Therefore, it would be very helpful in surgical decision-making and is medically indicated.