THIS DECISION HAS BEEN APPEALED. THE FOLLOWING IS THE RELATED SOAH DECISION NUMBER:

SOAH DOCKET NO. 453-05-8280.M2

MEDICAL REVIEW OF TEXAS

[IRO #5259]
3402 Vanshire Drive Austin, Texas 78738
Phone: 512-402-1400 FAX: 512-402-1012

NOTICE OF INDEPENDENT REVIEW DETERMINATION

TWCC Case Number:	
MDR Tracking Number:	M2-05-1810-01
Name of Patient:	
Name of URA/Payer:	Indemnity Insurance Company of NA
Name of Provider: (ER, Hospital, or Other Facility)	
Name of Physician: (Treating or Requesting)	Gerardo Zavala, MD

June 21, 2005

An independent review of the above-referenced case has been completed by a medical physician board certified in physical medicine and rehabilitation. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by Texas Medical Foundation, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

Medical Review of Texas (MRT) hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to MRT.

Sincerely,

Michael S. Lifshen, MD
Medical Director

cc: Gerardo Zavala, MD
Texas Workers Compensation Commission

CLINICAL HISTORY
This is a gentleman who sustained an injury in ___. Initially treated conservatively, there was no real improvement in the overall clinical situation. Imaging studies noted degenerative changes in the L5-S1 disc (desiccation). Electrodiagnostic assessment by Dr. Devere was reported as normal and there were no changes consistent with a verifiable radiculopathy. Epidural steroid injections did not ameliorate the symptomology. A work hardening program was completed. After the negative MRI and negative EMG, the primary treating physician continued to make the diagnosis of radiculopathy. In August 2004 a notation of the need for a discogram was made.

REQUESTED SERVICE(S)
Proposed lumbar discogram.

DECISION
Denied.

RATIONALE/BASIS FOR DECISION
The literature is rife with determinations that there is no real efficacy in doing discography. However, as noted by the requestor, there are journal articles that support discography. The issue that has to be resolved is there an "internal disc disruption" that a discogram would be helpful in diagnosing? Based on the complaints of back and leg

pain, based on the clinical assessment of positive straight leg raising and noting the lack of pathology identified on MRI (i.e. black disc); the diagnosis of internal disc disruption does not appear to be in play here. Contrary to what is stated by the requestor, the discogram will not aid in the treatment of this individual. There is no citation or notation that a discogram will make a disc lesion better. The most recent physical examination noted positive straight leg raising on the left and decreased sensation in the L5-S1 distribution. However, there is no objectifcation to the complaints made.

Clearly, the use of discography remains controversial. To be fair, the literature supports the use of discography in selected patients. Particular applications include patients with persistent pain in whom disk abnormality is suspected but noninvasive tests have not provided diagnostic information or needs to be correlated with clinical symptoms. The lack of clinical correlation to the objective tests leads one away from the use of discography in this case.

Noting the recent literature review, the assessments of the Official Disability Guidelines and ACOEM Guidelines; combining that with the lack of any findings that correlate with the complaints offered, and this does not serve any reasonable purpose.

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.

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 **10** (ten) calendar days of your receipt of this decision (20 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 **20** (twenty) calendar 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 or the date of fax (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings/Appeals Clerk
Texas Workers' Compensation Commission
P.O. Box 17787
Austin, Texas 78744

Or fax the request to (512) 804-4011. A copy of this decision must be attached to the request.

The party appealing the decision shall deliver a copy of its written request for a hearing to the opposing party involved in the dispute.

In accordance with Commission Rule 102.4(h), 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 this 21st day of June 2005.

Signature of IRO Employee: _____

Printed Name of IRO Employee: Cindy Mitchell