

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 21, 2005.

Sincerely,

Gilbert Prud'homme
General Counsel

GP/th

**REVIEWER'S REPORT
M2-05-1962-01**

Information Provided for Review:

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

From Requestor:

Office notes 05/25/04 – 05/13/05
Nerve conduction study 03/04/04
Radiology reports 11/17/03 – 03/18/04
Operative report

From Respondent:

Correspondence
Designated doctor review

From Orthopedic Surgeon:

Office notes 02/27/04 – 10/08/04

From Internist:

Office notes 11/15/03 – 05/12/05

Clinical History:

This female claimant sustained a work-related injury on ____ that has resulted in a low back pain and left leg pain condition. Imaging studies have reportedly shown a rather large disc herniation at the L5/S1 level with potential compression of the S1 nerve root on the left. Treatment so far had included transforaminal epidural steroid injections at the left L4, L5, and S1 levels that

resulted in significant reduction in her symptoms by approximately 70%. A repeat set of similar injections resulted in 90% improvement in her pain, as well as increased physical functioning, etc. She was also treated with paralumbar trigger point injections but continued to report ongoing pain that fluctuated but consistently remained in the lower back and traveled down the left leg, including the foot, described as burning and shooting. A lumbar discogram study has been recommended by her pain physician for 5 levels at L1/L2, L2/L3, L3/L4, L4/L5, and L5/S1.

Disputed Services:

Lumbar discogram @ L2-3, L3-4, L4-5, L5-S1

Decision:

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

Rationale:

As other reviewers have pointed out, there is absolutely no rationalization submitted by the requesting physician as to the necessity for a 5-level discogram study. From the available workup that has already been performed, it appears rather apparent that there is a concordant finding on imaging of the lumbar spine to explain her presentation and symptoms. The reviewer does not see that a 5-level provocative discogram will provide any further diagnostic information at this point unless a fusion surgery has been contemplated or suggested by a surgeon. It appears quite clear that the causative level for the patient's symptoms has been fairly well delineated at this time at the L5/S1 disc level. Additionally, the claimant's symptoms are quite consistent with radiculopathy versus a primary discogenic pain syndrome. The requesting physician essentially uses the same set of sentences as rationalization or justification for any of his proposed procedures, which does not result in any particular confidence in his recommendations.