

August 4, 2005

Re: MDR #: M2-05-1999-01 **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:
Robert Henderson, MD
Attention: Amada S.
(214) 688-0359

RESPONDENT:
Albertson's, Inc.
Attention: Annette Moffett
(512) 867-1733

TREATING DOCTOR:
Mark Lansing, DC
(972) 554-4665

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 a 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:

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

FAX (512) 804-4011

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 August 4, 2005

Sincerely,

Gilbert Prud'homme
General Counsel

GP/th

**REVIEWER'S REPORT
M2-05-1999-01**

Information Provided for Review:

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

From Requestor:

Office note 04/06/05

Radiology reports 03/07/03 – 12/14/03

From Respondent:

Correspondence

From Treating Doctor:

Office notes 02/20/03 – 07/07/05

From Pain Management Specialist:

Office notes 08/30/04 – 12/30/04

From Spine Surgeon:

Office note 06/07/05

Clinical History:

The patient suffered a work-related injury to her lower back on _____. She suffers from chronic low back pain with minimal to no radicular symptoms. She was treated conservatively with multiple

treatments including pain medications, pain management, and steroid injections mainly into the sacroiliac joint. She was considered a candidate for an artificial disc replacement at L5/S1. The patient changed treating surgeons from Texas Back Institute to Dallas Spine Care. MRI scan revealed disc degenerative at L5/S1 with 4 mm bulge. X-rays revealed some spondyloarthropathy at L5/S1. The current spine surgeon/treating physician is Robert Henderson, M.D., and he is recommending lumbar discogram from L3/L4 through S1 to help define symptomatic disc levels prior to the consideration of surgery.

Disputed Services:

Lumbar discogram w/CT scan of L3-4 and L4-S1/

Decision:

The reviewer agrees with the determination of the insurance carrier and is of the opinion that lumbar discogram w/CT of L3-4 and L4-S1 is not medically necessary in this case.

Rationale:

Although this patient does have chronic lumbogenic disc pain that may benefit from surgical treatment, the reviewer believes that a psychological evaluation to see if surgery is even appropriate in this patient with a history of depression, anxiety, and chronic narcotic usages is an appropriate surgical candidate at this time. Therefore, the reviewer does not believe the requested service should be approved at this time until such a screening determines that this patient is an appropriate surgical candidate.