



7600 Chevy Chase, Suite 400
Austin, Texas 78752
Phone: (512) 371-8100
Fax: (800) 580-3123

NOTICE OF INDEPENDENT REVIEW DECISION

Date: July 21, 2005

Requester/ Respondent Address: TWCC
Attention: Rebecca Farless
7551 Metro Center Drive, Suite 100, MS-48
Austin, TX 78744-1609

A. T. Carrasco, MD
Fax: 210-614-4525
Phone: 210-614-4825

Texas Mutual Ins Co
Attn: Debra Bailey
Fax: 512-224-3980
Phone: 512-224-7949

RE: Injured Worker:
MDR Tracking #: M2-05-2064-01
IRO Certificate #: 5242

Forté has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to Forté for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

Forté has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by an Orthopedic Surgeon reviewer (who is board certified in Orthopedic Surgery) who has an ADL certification. The physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Submitted by Requester:

- Records from Carrasco Pain Institute
- Lumbar myelogram and CT with contrast report dated 9/13/04

Submitted by Respondent:

- Medical records from Concentra
- EMG/NCV report
- Lumbar MRI report dated 5/21/04
- Myelogram/CT with contrast report
- Three epidural steroid injections from 1/6/05 through 3/8/05
- IME by Charles Xeller, M.D. dated 2/23/05
- Records from S. Ali Mohamed, M.D.
- Records from Carrasco Pain Institute
- Designated doctor examination by James Knoll, M.D.

Clinical History

The claimant was injured on ___ when he twisted his back exiting his truck. He complained of severe pain in the right buttock and hip. He was seen at Concentra on 4/16/04 and diagnosed with sacroiliac strain. He was treated with physical therapy, analgesics, and anti-inflammatories without success. He subsequently had complaints of pain and numbness in the right lower extremity. His neurologic examination was normal except for loss of patellar and Achilles reflexes on the right noted by Dr. Carrasco. Straight leg raise exams were variable. Lumbar MRI, myelogram and CT with contrast exams noted no disc herniations or nerve root compromise. His changes described were consistent with chronic rather than acute changes. The EMG was interpreted as demonstrating severe L5 changes; however, these were not correlated with the physical and imaging findings.

Requested Service(s)

Lumbar discogram at L4/5 and L5/S1 with post discogram CT scan.

Decision

I agree with the carrier that the services in dispute are not medically necessary.

Rationale/Basis for Decision

AHCPR federal clinical guideline #14 finds discography an unreliable invasive diagnostic procedure that is inferior to either MRI or myelogram with contrast CT. Eugene Carragee, et al have presented to the North American Spine Society in 1999 and 2000 a series of four award

winning papers that convincingly demonstrated the unreliability of discography in workers' compensation and/or the psychologically unstable patient. His studies were unable to differentiate positive or negative results from those disabled by back symptoms and volunteers that had no disabling back pain. The Cochrane Collaboration review by Waddel et al finds no reliability regarding discography as a surgical planning tool. There are no surgical indicators to this claimant's clinical presentation and further invasive clinical testing is not medically necessary.

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 (28 Tex. Admin. Code 142.5(c)).

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 142.5(c)).

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings / Appeals Clerk
P.O. Box 17787
Austin, Texas 78744

Fax: 512-804-4011

The party appealing this decision shall deliver a copy of its written request for a hearing to other party involved in this 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 patient, the requestor, the insurance carrier, and TWCC via facsimile or U.S. Postal Service from the office of the IRO on this 21st day of July 2005.

Signature of IRO Employee:

Printed Name of IRO Employee: Denise Schroeder