September 20, 2005

Re:	**MDR #:**	M2-05-2244-01	**Injured Employee:**
	TWCC#:		**DOI:**
	IRO Cert. #:	5055	**SS#:**

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

RESPONDENT:
Travelers' Indemnity Co of Conn/St. Paul Travelers'
Attention: Jeanne Schaffer
Fax: (512) 347-7870

TREATING DOCTOR:
Robert P. Wills, MD
Fax: (512) 416-6791

Dear Mr. ___:

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 September 20, 2005.

Sincerely,

Gilbert Prud'homme
General Counsel

GP/dd

REVIEWER'S REPORT
M2-05-2244-01

Information Provided for Review:
TWCC-60, Table of Disputed Services, EOB's
From Respondent:
Correspondence
Treating MD:
Office Notes 01/19/05 – 07/08/05

Clinical History:
The patient suffered a work-related compensable injury to the lumbar spine. He suffered some chronic low back pain with leg symptoms without evidence of neurovascular compromise. Because he has failed conservative management, his spine surgeon is considering lumbar fusion. To see whether or not he is a candidate, because he has rather diffuse disease on the lumbar MRI scan, discography with post discography CT scan from L1 through S1 has been recommended. This has been disputed.

Disputed Services:
Lumbar discogram with fluoroscopy and post discogram CT scan of L1 through S1.

Decision:
The reviewer disagrees with the determination of the insurance carrier and is of the opinion that the procedures in dispute as stated above is medically necessary in this case.

Rationale:
The medical records provided to me have described an adequate trial of nonoperative management. It also describes an MRI scan with diffuse degenerative changes. However, the patient has a compensable mechanical low back injury causing work-related low back pain. He has failed conservative management. In consideration of fusion, trying to obtain whether or not one or two levels are the positive disc pain generators would be a good idea. If, however, the patient shows diffuse concordant responses in multiple levels in the lumbar spine, he would probably not be candidate for spine surgery. Therefore, the results of the discogram could be quite helpful in determining whether or not this patient would benefit from lumbar fusion.