



Specialty Independent Review Organization, Inc.

February 7, 2005

TWCC Medical Dispute Resolution
7551 Metro Center Suite 100
Austin, TX 78744

Patient:
TWCC #:
MDR Tracking #: M2-05-0686-01
IRO #: 5284

Specialty IRO has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to Specialty IRO for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

Specialty IRO has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

This case was reviewed by a licensed Doctor of Osteopathy who is board certified in Orthopedics. The reviewer is on the TWCC ADL. The Specialty IRO health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to Specialty IRO for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

This 43-year old male was injured at work on _____. He was working for _____ at the time of the accident. The patient injured the lumbar spine. He was lifting buckets of dirt out of a ditch when he felt a sharp severe pain in the low back. Initially the patient was evaluated by the company physician. There was no diagnostic testing performed on the injured region and no referrals to specialist when the therapy was unsuccessful. The patient was released back to work with no restrictions. The pain continued after release from the company physician. He has been unable to return to work or normal daily activities due to the continuous low back pain. Low back pain increases with walking and sitting.

Physical examination notes straight leg raise positive on the right at 70 degrees, muscle strength is normal, valsalva test is positive, and range of motion is unrestricted except for flexion of 45 degrees.

The patient was treated with a rehabilitative program and Chiropractic treatments 2-3 times a week from 12/31/2002 through 08/23/2004. Patient had a functional capacity evaluation on 01/02/2003.

An MRI of 01/29/2003 is mentioned in the disputed letters. The MRI shows mild disc desiccation at L3-4 with a diffuse annular bulge. Additionally at L4-5 and L5-S1 there is degenerative disc disease. There is a broad-based left subligamentous disc protrusion at L4-5, and at L5-S1 there is a central subligamentous disc protrusion.

Records reviewer:

Dispute letters from IntraCorp – 10/28/2004 and 11/19/2004.

Records from Carrier – Dispute letters from IntraCorp 10/28 and 11/19/2004

Records from Doctor/Facility - C. Merritt, DC – Progress Notes from 12/31/2002 to 08/23/2004. MMI – 10/22/2004

REQUESTED SERVICE

The items in dispute are the prospective medical necessity of a lumbar discogram, injection discography lumbar and CT Scan lumbar spine.

DECISION

The reviewer agrees with the previous adverse determination.

BASIS FOR THE DECISION

This 43-year old male injured his low back on _____. Following this the patient was treated conservatively with a rehabilitative program and Chiropractic treatments for 20 months. The MRI reveals degenerative disc disease at L4-5 and L5-S1. ACOEM Guidelines state: Discography does not identify the symptomatic high-intensity zone, and concordance of symptoms with the disk injected is of limited diagnostic value (common in non-back issue patients, inaccurate if chronic or abnormal psychosocial tests), and it can produce significant symptoms in controls more than a year later. Tears may not correlate anatomically or temporarily with symptoms.

American College of Occupational and Environmental Medicine, Occupational Medical Practice Guidelines, 2nd Edition, Chapter 12 (Back) p. 303-305.

Campbell's OPERATIVE ORTHOPEDICS, 10th Edition.

Brotzman & Wilk – CLINICAL ORTHOPEDIC REHABILITATION, 2nd Edition

Specialty IRO has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Specialty IRO has made no determinations regarding benefits available under the injured employee's policy. Specialty IRO believes it has made a reasonable attempt to obtain all medical records for this review and afforded the requestor, respondent and treating doctor an opportunity to provide additional information in a convenient and timely manner.

As an officer of Specialty IRO, Inc, dba Specialty IRO, I certify that there is no known conflict between the reviewer, Specialty IRO and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

Sincerely,

Wendy Perelli, CEO

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.

In the case of prospective *spinal surgery* decision, a request for a hearing must be made in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** days of your receipt of this decision. (20 Tex. Admin. Code 142.5(c)).

In the case of other *prospective (preauthorization) medical necessity* disputes a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) 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 (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 Worker's Compensation Commission, P.O. Box 17787, Austin, TX 78744. The fax number is 512-804-4011. A copy of this decision should be attached to the request.

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute, per TWCC rule 133.308(u)(2).

Sincerely,

Wendy Perelli, CEO

I hereby certify, in accordance with TWCC Rule 102.4 (h), that a copy of this Independent Review Organization decision was sent to the carrier, requestor, claimant (and/or the claimant's representative) and the TWCC via facsimile, U.S. Postal Service or both on this _____7th ___ day of _February_, 2005

Signature of Specialty IRO Representative:

Name of Specialty IRO Representative: Wendy Perelli