

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 17, 2005**.

Sincerely,

Gilbert Prud'homme
General Counsel

GP/dd

REVIEWER'S REPORT M2-05-1865-01

Information Provided for Review:

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

From Requestor:

Correspondence

From Respondent:

Correspondence

Designated Review

Orthopedics:

Office Notes 02/25/05 – 04/14/05

Chiropractor:

Office Notes 06/21/04 – 06/10/05

Physical Therapy Notes 01/20/05 – 07/07/05

Physical Performance Tests 11/30/04 – 02/24/05

Radiology Report Tests 02/09/05 – 03/11/05
Pain Management:
Office Notes 05/27/04 – 07/21/05
Neurology
Office Visit 10/14/04

Clinical History:

This patient, ____, injured her back in ____ with a lifting incident at _____. She has had persistent significant back pain since that time. Office notes document appropriate physical therapy and exercises that have been ongoing since that time. She has taken appropriate medications, including anti-inflammatories and pain medications, and the patient reports persistent daily low back pain unresponsive to these appropriate conservative measures.

Disputed Services:

Lumbar discography and post discogram CT.

Decision:

The reviewer disagrees with the determination of the insurance carrier and is of the opinion that the lumbar discogram and CT scan is medically necessary in this case.

Rationale:

I have reports of an MRI scan of the lumbar spine dated 3/11/05, which reveals L5/S1 disc dehydration, posterior annular fissure, and type 2 Modic end-plate changes. The L4/L5 level is noted to have relatively well preserved disc space signal and only has minor bulging and facet arthropathy.

This patient has had persistent daily significant low back unresponsive to appropriate conservative measures including physical therapy and medications including Celebrex and Hydrocodone. She has had pain for well over a 6-month period of time.

To determine whether the L5/S1 level is a pain generator, versus the facet arthropathy at the L4/L5 level as being the pain generator, discography would be beneficial.

I feel it is medically necessary for this patient to undergo discogram at L5/S1 with control at L4/L5 and post-discography CT at both of these levels.