July 18, 2005

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

Patient: ___
TWCC #: ___
MDR Tracking #: M2-05-1916-01
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 with a specialty 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 40 year old female was injured on __ . She was an employee at a coffee house and was walking when she slipped in water on the floor. She twisted her upper body to prevent the fall and experienced immediate pain in the mid and low back regions. She continued her shift and was seen at a local medical clinic later that day where she was X-rayed and released. Her major complaints are: low back pain radiating into the hips and legs bilaterally with numbness and tingling in the legs. The pain is aggravated with standing and bending.

The physical examination reveals muscle spasm, tenderness, and a decreased range of motion. The range of motion is 40-50% of normal. Straight leg raise is positive bilaterally at 80 degrees. There is weakness and paresthesia in both lower extremities. The gait is abnormal.

The treatment has included several ESIs and facet injections, physical therapy consisting of heat, massage, ultrasound, exercises, traction, ice, and chiropractic care. The lumbar MRI of 04/26/2004 revealed a broad based tear of the L5-S1 disc with a PNP to the right. There is also mild bilateral facet arthrosis and foraminal stenosis. The EMG of 03/09/2004 reveals an L5 nerve dysfunction.

RECORDS REVIEWED

GBMCS Letters: 4/21 and 5/12/2005.
Records from Carrier:
- TWC Status Reports – 7/9 through 11/19/2004.
- NRH Chiropractic Notes – 2/17 through 7u/15/2004.
- C Pratt DO Reports – 7/20 through 12/08/2004.
- B Weldon DO Report – 3/25/2005.
- Ayers & Ayers Letter – 6/16/2005.
- R Winans MD Report – 2/17/2005.

Records from Doctors/Facilities:
- J Milani MD Reports – 4/12/ and 6/8/2005.
- Texas Imaging MRI – 4/8/2004.
- Fort Worth Injury Rehabilitation Clinic Reports – 3/18, 5/4/2005.
- V Aggarwal MD – 5/16/2005.
- TWC Status Reports – 11/5/2004 through 6/22/2005.
- MetroPlex Sports Care Reports – 12/2 and 12/16/2004.
- Genex Letters – 7/27/2004 through 12/16/2004.
- D Unwin MD – EMG – 3/19/2004.
- G Fields MD – Report – 8/12/2004.
- S Durbin DO Report – 1/6/2005.
- C Pratt DO Reports – 7/27/2004 through 11/29/2004.
- Trinity Orthopedics Report – 11/11/2004.

REQUESTED SERVICE

The requested service is a lumbar discogram with post CT scan.

DECISION

The reviewer disagrees with the previous adverse determination.

BASIS FOR THE DECISION

According to the Guidelines of ISIS and the ASIPP, the progression of care is with epidural injection, facet injections, and if there is no improvement then a discogram. The discogram is important to determine the site of the pain generator and this patient has a PNP at L5-S1 with a broad based tear. The EMG also confirms an L5 nerve dysfunction. The CT scan following the

discogram provides a contrast and further delineates the extent of pathology at the pain generating level.

REFERENCES

International Spine Injection Society: PRACTICE GUIDELINES 2005.

American Society of Interventional Pain Physicians: PRACTICE GUILDELINES 2001.

Campbell's Operative Orthopedics, 10th Edition.

Rothman & Simeon: The Spine, 4th 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 _____18th ___ day of ____July___, 2004
Signature of Specialty IRO Representative:

Name of Specialty IRO Representative: Wendy Perelli