

IRO America Inc.

An Independent Review Organization

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March 24, 2006

TDI-DWC Medical Dispute Resolution

Fax: (512) 804-4868

Patient: _____

TDI-DWC #: _____

MDR Tracking #: _____

M2-06-0820-01

IRO #: _____

5251

IRO America Inc. (IRO America) has been certified by the Texas Department of Insurance as an Independent Review Organization. The TDI, Division of Workers' Compensation (DWC) has assigned this case to IRO America for independent review in accordance with DWC Rule 133.308 which allows for medical dispute resolution by an IRO.

IRO America 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.

The independent review was performed by a matched peer with the treating doctor; the Reviewer is a credentialed Panel Member of IRO America's Medical Knowledge Panel who is a licensed MD, board certified and specialized in Orthopedic Surgery. The reviewer is on the DWC Approved Doctor List (ADL).

The IRO America Panel Member/Reviewer is a health care professional who has signed a certification statement stating that no known conflicts of interest exist between the Reviewer and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent, or any of the treating doctors or insurance carriers health care providers who reviewed the case for decision before referral to IRO America for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

RECORDS REVIEWED

Notification of IRO Assignment, records from the Requestor, Respondent, and Treating Doctor(s), including:

- Lumbar MRI, 03/16/04
- Office notes, Dr. Urrea, 11/08/04, 02/18/05, 03/16/05, 03/18/05, 04/15/05, 04/18/05, 04/25/05, 04/25/05, 05/06/05, 05/16/05, 06/01/05, 06/02/05, 06/15/05, 07/06/05, 07/10/05, 08/15/05, 09/12/05, 10/12/05, 11/09/05, 12/07/05, 01/11/06 and 02/10/06
- Pre-op history and physical, 01/07/05

- Operative report, 01/28/05
- Treatment – left shoulder, 02/14/05
- Lumbar facet blocks, 03/15/05
- Office note, 08/01/05
- Intracorp peer review, 12/21/05

CLINICAL HISTORY

The Patient is a 34 year old worker who reportedly injured his back at work on _____. No medical records were provided regarding the diagnosis related to the injury date or subsequent treatment. An MRI of the lumbar spine dated 03/16/04 identified a diffuse bulge at L4-5 and loss of height at L4-5 and L5-S1. On 11/08/04 Dr. Urrea evaluated The Patient because of stiffness of the back in the morning, numbness of the buttocks and fatigued legs. Examination revealed a positive right straight leg raise. Dr. Urrea recommended a discogram, Relafen and Soma.

On 01/28/05 and 03/15/05 The Patient underwent lumbar facets blocks and it was documented that lumbar epidural steroid injections were not effective. On 03/18/05 Dr. Urrea documented that the facet blocks were not effective and The Patient continued to experience low back pain with radiation to the posterior thighs. Dr. Urrea recommended a discogram. During this same time The Patient initiated treatment for left shoulder pain and underwent surgical intervention. The Patient's preoperative history and physical documented that he had previously undergone an open reduction internal fixation of the right femur. On 04/18/05 The Patient experienced an acute onset of low back pain and left lower extremity pain to the lateral knee. Examination revealed painful motion and that The Patient was neurologically intact. Lortab and a Medrol Dose Pak were prescribed. On 04/25/05 Dr. Urrea recommended a discogram to evaluate the origin of The Patient's symptoms producing left greater than right lumbar pain, pain with extension and rotation and a negative straight leg raise.

On 06/02/05 The Patient was examined for low back pain and worsening of his lower extremity symptoms. Dr. Urrea documented decreased sensation along both thighs to the popliteal fossa and positive bilateral straight leg raising. Diagnosis was lumbar radiculopathy and a discogram was recommended. Treatment continued with Dr. Urrea on 08/01/05, 09/12/05, 10/12/05, 11/09/05 and 12/07/05 with similar symptoms. Examination revealed decreased sensation along right posterior thigh and posterior calf with a positive right straight leg raise. On 01/11/06 Dr. Urrea re-examined The Patient and documented that regular work exacerbated The Patient's low back pain daily. Examination remained unchanged and a discogram was requested to identify the origin of The Patient's pain and possible surgical intervention.

DISPUTED SERVICE(S)

Under dispute is the prospective, and/or concurrent medical necessity of Lumbar discogram CT.

DETERMINATION/DECISION

The Reviewer agrees with the determination of the insurance company.

RATIONALE/BASIS FOR THE DECISION

This 34 year-old _____ reportedly suffered a low back injury in _____. According to records the preponderance of his pain appears to be in the low back region. The records reflect that he has had lumbar facet blocks and epidural steroid injections, neither of which has offered him significant relief. He has been referred for lumbar discography in an effort to determine whether or not he had a discogenic source of his pain.

According to records this Patient is working regular duty, although complains of an exacerbation of his low back pain on a daily basis. Imaging studies reportedly have showed evidence of nothing more than physiologic bulging at L4-5 and some degree of disc desiccation at L5-S1.

The request for discography, in my opinion, would not be reasonable or medically necessary for the following reasons. This 34 year-old gentleman has subjective complaints of back pain. In The Reviewer's medical opinion it does not appear, that they rise to the level that he is disabled and/or that his imaging studies suggest that to be the case. Although discography in some studies has been reported to be of benefit in determining the pain generators, its effectiveness in predicting surgical outcome and/or the need for surgery continues to be in question. It is not clear, based on this Patient's subjective complaints that either he has sufficient disability to be considered a surgical candidate.

In brief, since there is nothing that suggests This Patient has spinal instability, neurologic impairment and/or progressive change, that the request for discography at this juncture, would be neither reasonable nor medically necessary.

Screening Criteria

1. Specific:

- Pneumaticos, Spiros G., et al; Discography in the Evaluation of Low Back Pain; Journal of America
- Academy of Orthopedic Surgeons; 2006;14:46-55

2. General:

In making his determination, the Reviewer had reviewed medically acceptable screening criteria relevant to the case, which may include but is not limited to any of the following: Evidence Based Medicine Guidelines (Helsinki, Finland); Texas Medical Foundation: Screening Criteria Manual (Austin, Texas); Texas Chiropractic Association: Texas Guidelines to Quality Assurance (Austin Texas); Texas Medical Foundation: Screening Criteria Manual (Austin, Texas); Mercy Center Guidelines of Quality Assurance; any and all guidelines issued by DWC or other State of Texas Agencies; standards contained in Medicare Coverage Database; ACOEM Guidelines; peer-reviewed literature and scientific studies that meet nationally recognized standards; standard references compendia; and findings; studies conducted under the auspices of federal government agencies and research institutes; the findings of any national board recognized by the National Institutes of Health; peer reviewed abstracts submitted for presentation at major medical associates meetings; any other recognized authorities and systems of evaluation that are relevant.

CERTIFICATION BY OFFICER

IRO America has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. IRO America has made no determinations regarding benefits available under the injured employee's policy.

As an officer of IRO America Inc., THE REVIEWER certifies that there is no known conflict between the Reviewer, IRO America and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

IRO America is forwarding by mail or facsimile, a copy of this finding to the DWC, the Injured Employee, the Respondent, the Requestor, and the Treating Doctor.

Sincerely
IRO America Inc.

Dr. Roger Glenn Brown
President & Chief Resolution Officer

Cc: _____

Pacific Employers Ins. / ESIS
Attn: Shelley Smith
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Dr. Robert Urrea
Fax: 915-881-8082

Your Right To Appeal

If you are unhappy with all or part of this decision, you have the right to appeal the decision. The decision of the Independent Review Organization is binding during the appeal process.

If you are disputing the decision (other than a spinal surgery prospective decision), the appeal must be made directly to a district court in Travis County (see Texas Labor Code §413.031). An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable. If you are disputing a spinal surgery prospective decision, a request for a hearing must be in writing and it must be received by the Division of Workers' Compensation, Chief Clerk of Proceedings, within ten (10) days of your receipt of this decision.

The party appealing this decision shall deliver a copy of its written request for a hearing to other party involved in this dispute.

THE REVIEWER hereby certify, in accordance with DWC Rule 102.4 (h), that a copy of this Independent Review Organization decision was sent to the carrier, requestor, claimant (and/or The Patient's representative) and the DWC via facsimile, U.S. Postal Service or both on this 24th day of March, 2006.

Name and Signature of IRO America Representative:

Sincerely
IRO America Inc.

Dr. Roger Glenn Brown
President & Chief Resolution Officer