

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 #: _____

M2-06-0917-01

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:

- Office note, Dr. Hochschuler, 10/11/05, 12/20/05, 02/07/06 and 03/07/05
- Lumbar spine CT, 11/21/05
- Physician's recommendation for service for medical treatment, 11/22/05
- Office note, Dr. Siddiqui, 11/22/05
- Peer review, 12/06/05
- Operative report, 02/22/06

CLINICAL HISTORY

This 42 year old male developed low back and buttock pain after moving a converter on _____. The records indicated that The Patient had a diagnosis of low back pain with radicular pain to the left buttock and Grade I weakness in the anterior tibialis and extensor hallucis longus on the left. The Patient had a previous history of a decompression laminectomy in February 2000. Conservative treatments included medications, physical therapy, a selective nerve root block and an epidural steroid injection which reportedly provided some temporary relief.

An MRI done on 09/27/05 was reported to show desiccation of the bottom two discs L4-5 and L5- S1. There was no evidence of recurrent or residual disc herniation at L4-5 and there was a mild disc bulge at L5- S1 and bilateral facet arthropathy with no neural impingement. A CT myelogram followed on 11/21/05 that showed no evidence of disc herniation, central stenosis or neural foraminal narrowing in the lumbar spine.

On an 11/22/05 physician visit, a discogram was recommended to further delineate the cause of pain. The requested discogram was denied twice by the insurance carrier. A follow up physician visit on 03/07/06 noted consideration for a two level decompression and fusion.

DISPUTED SERVICE(S)

Under dispute is the prospective, and/or concurrent medical necessity of Lumbar discogram/CT L3-4, L4-5, L5-S1.

DETERMINATION/DECISION

The Reviewer agrees with the determination of the insurance company.

RATIONALE/BASIS FOR THE DECISION

The request for lumbar discogram/CT L3-4, L4-5, L5-S1 is not recommended as being medically necessary.

The Patient is a 42 year old male with subjective complaints of low back pain following a vocational injury in _____. According to records, he complains of low back and right sided leg pain. He has been evaluated by spine surgeons who have suggested that he may be a candidate for surgical fusion. Imaging studies have not documented obvious nerve compressive lesion. His examination has failed to demonstrate objective signs of neurologic impairment. He does not appear to have seen meaningful relief with treatments such as epidural steroid injections and/or selective nerve root blocks. It appears that he is being considered as a surgical candidate and discography has been recommended.

This case has been reviewed by two previous orthopedic surgical reviewers, neither of whom felt that discography was reasonable and medically necessary in this setting. The Reviewer would agree that the sentiments of the two previous reviewers in that the value of discography in determining the success of someone as a surgical candidate for fusion surgery has been not well supported in the literature. The Reviewer would certainly acknowledge that there are some reports that describe it as valuable, there are equally as many others which have not. Perhaps more important is the fact that patients need to be considered on an individual basis as to whether or not they represent a reasonable candidate for surgery and whether or not they have compelling indications to proceed. The Reviewer would point out the fact that This Patient's complaints are purely subjective and not well supported by exam findings. He does not respond well to conservative treatment. There is no evidence in the records that suggests that he has evidence of instability or neurologic impairment. Furthermore, it is not clear that This Patient has been through second opinion and/or has had evaluations to establish that he is a reasonable candidate for surgery based on his psychosocial parameters. As such, to proceed with

discography with the assumption that this is going to determine appropriate levels for surgery and/or define him as a surgical candidate would not in my opinion be reasonable or medically necessary under the circumstances. Therefore, The Reviewer would support the previous reviewers, neither of whom felt that his symptoms justified proceeding with this invasive procedure.

Screening Criteria

1. Specific:

- Orthopedic Knowledge Update: Spine Chapter 9 p. 81-82

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 literate 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., I certify 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:	_____	Texas Back Institute	Old Republic Ins.
	_____	Attn: Lacita Rone	Attn: Jeanne Schafer
	_____	Fax: 972-608-5184	Fax: 512-347-7870

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.

I 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