



Specialty Independent Review Organization, Inc.

October 4, 2005

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

Patient: ____
TWCC #: ____
MDR Tracking #: M2-06-0014-01
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 43 year old male injured his low back on _____. The patient works in construction, was bent over to lift a load and felt a sharp pain in his low back that ran down both legs. The physical examination revealed severe back pain radiating posteriorly bilaterally in the legs, poor muscle tone in the lumbar muscles, tenderness at the right SI joint, and straight leg raise caused low back pain.

The MRI of 08/04/2004 revealed a far left lateral disc herniation at L3-4 and an HNP at L4-5. The myelogram/CT scan of 10/05/2004 showed a posterior bulge of L4-5. The EMG of 05/02/2005 was reported as normal. Treatment has consisted of physical therapy and rehabilitation, lumbar ESI x 3 with only minimal improvement.

RECORDS REVIEWED

Texas Mutual Letter, 7/25/05.

Records/Doctor Facility:

S Seymour DC, Report 5/24/05.

Texas WC Report, 5/25/05.

FCE, 6/2/05.

R Potter MD – Report, 8/09/05.

Records from Carrier:

Texas Mutual Letter, 9/27/05.

D. Gwartney DC Report – 5//28/04.

Spectrum Imaging, MRI – 8/4/04.

V Kaveh MD – Report, 9/2/04.

Radiology Associates, Myelogram-CT, 10/5/04.

R Potter MD – Reports, 11/23/04, 3/28/05, 7/12/05.

R Reid MD – Report, 1/27/05.

J Santos MD – EMG, 5/2/05.

REQUESTED SERVICE

The requested service is a discogram at L2/3, L3/4, L4/5 and L5/S1 with post CT scan.

DECISION

The reviewer disagrees with the previous adverse determination.

BASIS FOR THE DECISION

This patient was injured 18 months ago and continues to have low back pain with myotome radiation into the lower extremities. The MRI revealed an HNP at L3-4 and an HNP at L4-5. The myelogram-CT scan revealed a bulge at L4-5. Patient has continued to have symptoms that have not been relieved with physical therapy, medications, and ESIs. According to the ASIPP Guidelines, a discogram is indicated in the workup of patients with somatic pain.

REFERENCES

International Spine Injection Society Practice Guidelines, 2005.

American Society of Interventional Pain Physicians Practice Guidelines, 2001.

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 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.

Sincerely,

Wendy Perelli, CEO

I hereby certify, in accordance with TDI-DWC 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 DWC via facsimile, U.S. Postal Service or both on this 4th day of October 2005

Signature of Specialty IRO Representative:

Name of Specialty IRO Representative: Wendy Perelli