

IRO America Inc.

An Independent Review Organization

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November 15, 2005

TDI-DWC Medical Dispute Resolution

Fax: (512) 804-4868

Patient: _____
TDI-DWC #: _____
MDR Tracking #: M2-06-0068-01
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. Blair, 02/08/05

Treatment records from, Dr. Blair, 02/10/05 to 09/07/05

Office note, Dr. Benson, 02/16/05, 03/22/05, 04/20/05, 05/11/05, 07/06/05, 08/03/05, and 09/07/05

Disability determination, Dr. Soignier, 02/22/05

MRI right knee, 03/31/05

Lumbar myelogram, 04/08/05

CT scan post myelogram, 04/08/05
Office note, Dr. Freitag, 05/10/05, 06/06/05
Office note, Dr. Beal, 06/15/05, 07/27/05, 08/03/05, 08/10/05
Office note, Dr. Cindrich, 07/21/05
Medical dispute resolution request

CLINICAL HISTORY

This 52 year old male was injured on ___ when he stepped out of a trailer and slipped on ice. He treated for bilateral knee symptoms and underwent arthroscopic surgery. He also treated for low back and right leg pain. He began treatment with chiropractor Dr. Blair on 02/08/05. Dr. Benson also saw The Patient at monthly intervals and documented lumbar spasm and decreased range of motion. The Patient was neurologically intact.

On 04/08/05 a lumbar CT/myelogram was performed. Findings documented multilevel disc bulging and facet hypertrophy. There was bilateral foraminal narrowing most prominent on the right at L3-4. On 05/10/05 neurologist Dr. Freitag documented decreased sensation in the L3-4 dermatome on the right. Motor and reflex exam was normal. He performed an EMG/NCS with findings of diabetic polyneuropathy.

Orthopedic surgeon Dr. Beal evaluated The Patient on 06/15/05 for his knees as well as his back. He noted that the CT/myelogram showed multiple levels of disc degeneration and disc bulge and some facet arthropathy. He recommended a trial of lumbar epidural steroid injections. He went on to provide further treatment with regard to his knees.

Dr. Cindrich, neurosurgeon, examined The Patient on 07/21/05. He documented a positive straight leg raise bilaterally, weakness of the anterior tibialis and toe extensors on the left. Reflexes were normal and lower extremity sensation was reduced on the left greater than the right in the L5 and S1 distributions. Dr. Cindrich noted that the CT myelogram showed significant disc herniation bilaterally, right greater than left at L3-4. He recommended discography which was denied on peer review and has been submitted for dispute resolution.

DISPUTED SERVICE(S)

Under dispute is prospective, and/or concurrent medical necessity of lumbar discogram with CT.

DETERMINATION/DECISION

The Reviewer agrees with the determination of the insurance carrier.

RATIONALE/BASIS FOR THE DECISION

It appears that The Patient is complaining of back and leg pain since February 2004 when he fell. He has had diagnostic testing since that time to include a lumbar CT myelogram, documented degenerative disc disease, as well as an EMG documenting sensory, motor, polyneuropathy consistent with his diabetes. He has had pain and limitation in function and a discogram has been requested to determine whether his degenerative discs are causing his pain.

When The Reviewer reviewed this entire medical record it appears The Patient has back and leg complaints and has medical problems to include diabetes and significant obesity. While The Patient may be a candidate for lumbar disc surgery to decompress a painful nerve root, The Reviewer does not find evidence that a discogram is going to add any information to The Patient's care and may lead to unnecessary fusion surgery. While certain physicians believe that

discograms can more clearly delineate a painful disc segment, there are other physicians who believe this test does not offer significant information in the vast majority of patients and can be very difficult to interpret. In light of this Patient's obesity, multi-level disc disease, and diabetic polyneuropathy, as well as the fact he does not have a clear level of abnormality on his CT myelogram that might indicate a specific level for surgery, The Reviewer does not believe that a discogram would be indicated, as The Reviewer believes it could possibly offer false positive information and lead The Patient to an unnecessary operative procedure. The Reviewer, therefore, agrees with the determination of the previous reviews and find no medical indication for a discogram in this Patient.

Screening Criteria

1. Specific:

ACOEM (2004). Low back complaints. Occupational Medicine Practice Guidelines. L. S. Glass. Beverly Farms, MA, OEM Press: Chapter 12, p. 304-305

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., 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 Resolutions Officer

Cc: [Claimant]

Zurich American Ins. Co. / FOL

Attn: Katie Foster

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Christopher Blair

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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 Parient's representative) and the DWC via facsimile, U.S. Postal Service or both on this 15th day of November 2005.

Name and Signature of IRO America Representative:

Sincerely,

IRO America Inc.



Dr. Roger Glenn Brown

President & Chief Resolutions Officer