

MEDICAL REVIEW OF TEXAS

[IRO #5259]

10817 W. Hwy. 71

Phone: 512-288-3300

Austin, Texas 78735

FAX: 512-288-3356

NOTICE OF INDEPENDENT REVIEW DETERMINATION

TDI-WC Case Number:	
MDR Tracking Number:	M2-06-0087-01
Name of Patient:	
Name of URA/Payer:	Lowes/Harris & Harris
Name of Provider: (ER, Hospital, or Other Facility)	
Name of Physician: (Treating or Requesting)	Steven Meyers, MD

February 3, 2006

An independent review of the above-referenced case has been completed by a medical physician board certified in orthopedic surgery. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by Texas Medical Foundation, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

Medical Review of Texas (MRT) hereby certifies that the reviewing physician is on the Division of Workers' Compensation Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to MRT.

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Sincerely,

Michael S. Lifshen, MD
Medical Director

cc: Jacob Rosenstein, MD
Steven Meyers, MD
Division of Workers' Compensation

DOCUMENTS REVIEWED

1. Medical dispute resolution request response
2. Bunch & Associates letters dated 8/10/05 and 8/27/05
3. Jacob Rosenstein, M.D., F.A.C.S. evaluation 07/27/05, 08/08/05 record of a medical conference with Dr. Pitre, evaluation 08/10/2005, 08/25/05, 09/26/05. Also a letter dated 08/10/05.
4. DNI Diagnostic Neuro Imaging report of a myelogram and post myelogram CT scan-07/21/05.
5. Robert F. Josey, Attorney at Law, letter dated 10/7/05
6. M. Marc Soriano, peer review-08/22/058

CLINICAL HISTORY

On ____, ____ helped pull a roll of carpet. In doing so, he caught his left foot under a machine and fell to the ground. He sustained a tibial plateau fracture that was treated conservatively. He has also had ongoing back pain since the accident.

The patient was treated for his back pain with multiple medications including analgesics, muscle relaxants, non-steroidal anti-inflammatory medications and anti-depressants. He did not get better. A lumbar MRI was performed. The report of this study is not available for review however the medical records indicate that no annular tear of any of the lumbar discs was evident. It is not known if the MRI showed disc desiccation.

A lumbar myelogram and post myelogram CT scan was performed on July 21, 2005. It reportedly showed a 1-2mm bulge later alizing to the left at the L4-5 level and a 1-2mm central bulge at the L5-S1 level.

No significant neural compromise was documented however because of ongoing back pain, which the patient describes as between 8 and 10 out of a scale of 10

REQUESTED SERVICE(S)

Lumbar discograms.

DECISION

Denied.

RATIONALE/BASIS FOR DECISION

Dr. Rosenstein is requesting discography to determine if the patient will complain of increased pain with injection of either the L4-5 or L5-S1 disc which have shown some minor pathology on myelogram and post myelogram CT scan. However, testing for concordant pain has been found to be a very unreliable indication as to whether a disc is actually producing a problem. E.J. Carragee from Stanford University has publications in "Spine", December 2000, and "Orthopedic Clinics of North America" January 2004. In both publications, he questions the validity of concordant pain with discography. In the first article he found that pain response "may be amplified in those subjects with issues of chronic pain, social stressors such as secondary gain or litigation claims, or psychometric stress disorders." The second article reiterates this point. It shows asymptomatic people with normal psychometric profiles and known abnormal discs will have pain 40% of the time with injection of these discs. Therefore, simply because the patient has pain associated with discography of an abnormal disc, does not mean that the disc is causing symptoms.

In conclusion, performing a discography for the purpose of determining concordant as a prelude to fusion is an unreliable test that is not indicated.

Certification of Independence of Reviewer

As the reviewer of this independent review case, I do hereby certify that I have no known conflicts of interest between the provider 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 carrier health care providers who reviewed the case for decision before referral to the IRO.

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.

Chief Clerk of Proceedings
Division of Workers' Compensation
P.O. Box 17787
Austin, Texas 78744

Or fax the request to (512) 804-4011. A copy of this decision must be attached to the request.

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

In accordance with Rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 6th day of February, 2006.

Signature of IRO Employee: _____

Printed Name of IRO Employee: Cindy Mitchell