



Specialty Independent Review Organization, Inc.

December 20, 2005

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

Patient: ____
DWC #: ____
MDR Tracking #: M2-06-0332-01
IRO #: 5284

Specialty IRO has been certified by the Texas Department of Insurance as an Independent Review Organization. The TDI-Division of Workers' Compensation has assigned this case to Specialty IRO for independent review in accordance with DWC 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 DWC 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 58-year-old male injured his low back on _____. The patient developed radicular pain on the left. Patient was suspected of having a Pars defect at L5-S1. The MRI revealed degenerating discs from L1-S1 with foraminal stenosis on the left at L5-S1.

The patient has been treated with a trial of lumbar facet injections, ESIs, and medial branch blocks. Patient received temporary relief from these injections.

Physical examination revealed straight leg raise positive on the left, motor testing 5/5, and paresthesia of the left L4 nerve root.

Patient has had a functional capacity evaluation on 01/06/2003, myelogram CT scan on 02/19/2003, EMG 02/27/2003, and the facet injections and medial branch blocks through 2003.

RECORDS REVIEWED

Hartford Letters: 9/9 AND 9/30/2005.

R ____, Letter: 10/28/2005.

Records from Doctors/Facility:

J Blau MD, Reports & Letters: 10/7/2002 through 9/19/2005.

Mother Frances Hospital, Myelo-CT: 2/19/2003.

CORE, Letters: 2/17 and 3/19/2003.

New Dimensions, FCE: 1/6/2003.

REQUESTED SERVICE

The item in dispute is the prospective medical necessity of a discogram/CT from L1 to L5.

DECISION

The reviewer disagrees with the previous adverse determination.

BASIS FOR THE DECISION

This patient has continued to have low back pain and left leg pain for six years. With all of the conservative care consisting of physical therapy, medications, and numerous injections the patient still has pain in the low back radiating to the left leg. In an attempt to find the pain generator, a lumbar discogram is important to determine if the pain is coming from the disc or whether there is another source. According to the International Spine Injection Society, if there is no improvement after an epidural injection, discography is indicated.

REFERENCES

INTERNATIONAL SPINE INJECTION SOCIETY, Practice Guidelines, 2005.

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIANS, Practice Guidelines, 2001.

Kessel & Robertson: INTERVENTIONAL RADIOLOGY, 2nd Edition.

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 the reviewing provider has no known conflicts of interest between that 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.

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 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 via facsimile, U.S. Postal Service or both on this 20th day of December 2005

Signature of Specialty IRO Representative:

Name of Specialty IRO Representative: Wendy Perelli