



Specialty Independent Review Organization, Inc.

January 30, 2006

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

Patient: ____
DWC #: ____
MDR Tracking #: M2-06-0578-01
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 27-year-old male injured his low back on _____. At that time the patient underwent a chronic pain management program and reached MMI on 08/22/2000. The patient states that he has constant pain in his low back and on occasions it is stabbing like. He states that since 2000 he has continued to have increasing symptoms and now can sit for approximately one hour, stand for one hour, and walk only 45 minutes before severe pain limits his activity. Patient has received chiropractic treatments and has continued with a home exercise program with minimal improvement.

The physical examination reveals a cogwheel rigidity in extension and flexion, straight leg raise negative, motor strength 5/5, and no paresthesia. The discomfort is located at the lumbosacral area.

The X-ray of his low back reveals a degeneration of the disc at L6-S1. MRI of 09/13/2005 reveals disc space narrowing and decreased signal intensity at L6-S1.

RECORDS REVIEWED

Liberty Mutual, Letters: 11/10 and 11/15/2005, 1/4/2006.

Liberty Mutual, Case Reports: 11/9 and 11/15/2005.

Records from Doctor/Facility:

New Help Clinics, Reports: 5/12 – 8/18/2005.

R Henderson MD, Reports: 8/8 and 9/19/2005.

Records from Carrier:

Liberty Mutual, Letter: 1/10/2006.

R Henderson MD, Reports: 9/19 and 10/27/2005.

Up and Open MRI, MRI: 9/13/2005.

J Capello MD, Report: 11/4/2005.

REQUESTED SERVICE

The item in dispute is the prospective medical necessity of a lumbar discogram with CT at the lower three intervertebral disc spaces L2-3 only if necessary for control level.

DECISION

The reviewer disagrees with the previous adverse determination.

BASIS FOR THE DECISION

This 27-year-old male has chronic low back discomfort with a mechanical lumbosacral instability with six functioning vertebrae. The MRI reveals a degeneration of the L6-S1 disc. The patient's complaints of pain continue to become more severe at this level. The patient resolved his acute symptoms by 08/22/2000 but has continued to have increasing problems. With the MRI evidence of degenerated disc and the patient's current symptoms, a CT discogram is medically necessary to determine the pain generator.

ACOEM Guidelines for discography include back pain for at least 3 months, failure of conservative treatment, and is a potential candidate for surgery. This patient fits the criteria.

American College of Occupational and Environmental Medicine, Practice Guidelines, 2nd Edition, Chapter 12, BACK.

Manaster, Disler, May: Musculoskeletal Imaging: The Requisites, 2nd Edition.

Bucholz: Orthopedic Decision Making, 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 Division via facsimile, U.S. Postal Service or both on this 30th day of January 2006

Signature of Specialty IRO Representative:

Name of Specialty IRO Representative: Wendy Perelli