


INDEPENDENT REVIEW INCORPORATED

June 12, 2006

Amended June 19, 2006

Re: MDR #: M2 06 1231 01 Injured Employee: ____
DWC #: _____ DOI: ____
IRO Cert. #: 5055 SS#: ____

TRANSMITTED VIA FAX TO:

TDI, Division of Workers' Compensation

Attention: ____

Medical Dispute Resolution

Fax: (512) 804-4868

RESPONDENT: Hartford Insurance Co.

REQUESTOR: Ryan Potter, MD

TREATING DOCTOR: Arthur Chin, MD

In accordance with the requirement for DWC to randomly assign cases to IROs, DWC assigned this case to IRI for an independent review. IRI has performed an independent review of the medical records to determine medical necessity. In performing this review, IRI reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the office manager of Independent Review, Inc. and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him 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 Independent Review Organization. Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is a board certified in anesthesiology and pain management and is currently listed on the DWC Approved Doctor List.

**P.O. Box 855
Sulphur Springs, TX 75483
903.488.2329 * 903.642.0064 (fax)**

We are simultaneously forwarding copies of this report to the payor and the TDI, Division of Workers' Compensation. This decision by Independent Review, Inc. is deemed to be a DWC decision and order.

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.

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 June 12, 2006.

Sincerely,



Jeff Cunningham, DC
Office Manager



**REVIEWER'S REPORT
M2 06 1231 01**

Information Provided for Review:

1. Notification of IRO assignment
2. Information provided by requester including correspondence and office visits
3. Articles concerning discography and its use in evaluation of the patient

Clinical History:

This is a review for a 40-year-old white female who was seen by the Comprehensive Pain Management Group in Corpus Christi for lower back pain radiating to the right side. She was eventually determined to have a right L5/S1 lumbosacral radiculitis with lumbar discogenic syndrome. She had an epidural and did not have any relief from that. The thought at the time was to proceed forward with a provocative discogram at L3/L4, L4/L5, and L5/S1 under fluoroscopic guidance with monitored anesthesia care. This request was denied.

Disputed Services:

Provocative discograms at L3/L4, L4/L5, and L5/S1 under fluoroscopic guidance with monitored anesthesia care.

Decision:

I DISAGREE WITH THE DETERMINATION OF THE INSURANCE CARRIER IN THIS CASE.

Rationale:

The rationale for this decision is that the studies involving discography that indicate it as a poor predictive value are done by matching control patients versus patients with pain. While I would agree that discography is not a good screening test, and basically their articles address this issue, it is a good test when done in a patient with pain. When concordant pain can be determined in a potentially presurgical patient, the outcome of the surgery is much more likely to be successful. Disc pain is a difficult thing to diagnose, and this is one way that we have been able to get closer to the true problem. In a patient who is about to undergo fusion, it is very helpful to establish which disc is having concordant pain, if that can be correlated with the clinical picture and the MRI results. In this case, I believe that can be done.