



**Re: MDR #: M2 06 1233 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:                      American Home Assurance Co.**

**REQUESTOR:                      James A. Guess, MD**

**TREATING DOCTOR:              Troy Van Biezen, DC**

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 Orthopedic surgery and is currently listed on the DWC Approved Doctor List.

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 5, 2006.

Sincerely,



Jeff Cunningham, DC  
Office Manager



**REVIEWER'S REPORT  
M2 06 233 01**

**Information Provided for Review:**

1. Notification of IRO assignment
2. Medical dispute resolution request form from Dr. Guest
3. Table of disputed services
4. Denial letters from SRS from Dr. Yatsu and Dr. Simpson
5. Records from the insurance company

**Clinical History:**

The claimant is a patient who had a previous lumbar laminectomy with continued radicular symptoms and decreased sensation in the right lateral thigh. The patient had significant back pain as well as extension down to the right leg. An MRI scan of the lumbar spine on 2/07/06 showed disc desiccation at L4/L5 and L5/S1 with a previous laminotomy on the right side. There was also some fibrosis of the nerve roots of the right L5/S1. The patient was interested in surgical management. Therefore, preoperative CT discogram was ordered to evaluate for symptomatic discs to assist in planning the level of fusion. This has been denied by the insurance provider as medically unnecessary.

**Disputed Services:**

CT discogram, lumbar L3/L4, L4/L5, and L5/S1.

**Decision:**

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

**Rationale:**

The patient has unrelenting low back pain that has failed conservative measures. The patient has a history of previous lumbar laminectomy and perineural fibrosis and mechanical discogenic disc disease. Both the previous reviewers that denied this request are using the ACOM Guidelines, which are very strict and do not take into consideration clinically evidence. For the most part, they refute any diagnostic or therapeutic tool that we have as orthopedic surgeons that does not have definitive scientific evidence. Many diagnostic and therapeutic entities in orthopedic surgery have not been rigidly peer reviewed and have not undergone randomized controlled studies. However, this is not a

reason to deny these services, and I believe this would be helpful to treat this patient. Both of the reviewers state that discography is controversial and has not been proven. However, they did not show evidence that it has been refuted, either, in the medical literature. Therefore, I feel it is appropriate to allow this diagnostic study in anticipation of further more reconstructive surgery such as lumbar fusion in this patient.

**Screening Criteria/Literature:**

Orthopedic Knowledge Update, Spine Edition, Spine Journal, and The Journal of Bone and Joint Surgery were all used as references in making this decision.