

IRO America Inc.

An Independent Review Organization

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June 20, 2006

TDI-DWC Medical Dispute Resolution

Fax: (512) 804-4868

Patient: _____

TDI-DWC #: _____

MDR Tracking #:

M2-06-1264-01

IRO #:

5251

IRO America Inc. (IRO America) has been certified by the Texas Department of Insurance as an Independent Review Organization. The TDI, Division of Workers' Compensation (DWC) has assigned this case to IRO America for independent review in accordance with DWC Rule 133.308 which allows for medical dispute resolution by an IRO.

IRO America 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.

The independent review was performed by a matched peer with the treating doctor; the Reviewer is a credentialed Panel Member of IRO America's Medical Knowledge Panel who is a licensed MD, board certified and specialized in Orthopedic Surgery. The reviewer is on the DWC Approved Doctor List (ADL).

The IRO America Panel Member/Reviewer is a health care professional who has signed a certification statement stating that no known conflicts of interest exist between the Reviewer 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 carriers health care providers who reviewed the case for decision before referral to IRO America for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

RECORDS REVIEWED

Notification of IRO Assignment, records from the Requestor, Respondent, and Treating Doctor(s), including:

- Office note, 02/03/05 (physician unknown)
- Office note, Dr. Philbrick, 02/10/05, 03/08/05, 02/22/05, 04/06/05, 04/20/05, 07/01/05, 07/06/05 and 11/29/05
- Office note, Dr. Filbrick, 02/22/05
- Lumbar spine MRI, 03/04/05
- Crawford insurance note, 05/03/05, 08/13/05, 02/06/06 and 03/23/06
- Office note, Dr. Duarte, 06/07/05, 06/29/05, 07/26/05, 09/23/0 and 01/17/06

- Myelogram report, 06/29/05
- Functional capacity evaluation, 07/01/05
- Office note, Dr. Raulston, 11/07/05
- Office note, D. Hagelstein, N.P., 03/10/06 and 04/23/06
- Request for dispute resolution for discogram, 05/02/06

CLINICAL HISTORY

The Patient is a 34 year old male injured on _____ when he twisted and lifted something at work and developed low back pain and left leg pain. He treated with medications and therapy without resolution.

A 03/04/05 MRI of the lumbar spine showed at the L5-S1 level there was desiccation of the disc, bulging and central protrusion but not in contact with very small thecal sac or exiting nerve roots in recumbent position. At L4-5 there was desiccation of disc, bulging and small central disc protrusion but in close proximity if not in contact with anterior surface of thecal sac but not exiting nerve roots in recumbent position. An imperceptible dextroscoliosis of the lumbar spine with spondylosis most marked at L4-5 and L5-S1 was seen and reactive degenerative facet changes at L4-5 and L5-S1. A spinda bifida occulta was noted at the S1 level with some focal reactive sclerosis of the left sacroiliac joint.

Dr. Philbrick continued to see The Patient and recommended epidural steroid injections that were not approved as there was no radiculopathy. The Patient was referred to Dr. Duarte who found positive straight leg raise and a depressed left Achilles. He felt there were 2 small herniations and recommended a CT and myelogram for possible surgery. The 06/29/05 myelogram was read as unremarkable and the CT showed a central disc bulge at L4-5 with no central stenosis and no other significant herniations or bulges. Dr. Duarte felt there was L4-5 lateral recess stenosis on the left with L5-S1 spondylosis and recommended a discogram. To date the discogram has not been certified. On the most recent examination, sensation was intact and there was no weakness. Straight leg raising remained positive. Discogram has again been requested for possible surgery.

DISPUTED SERVICE(S)

Under dispute is the prospective, and/or concurrent medical necessity of discography, each level; lumbar and injection, discography; lumbar.

DETERMINATION/DECISION

The Reviewer agrees with the determination of the insurance company.

RATIONALE/BASIS FOR THE DECISION

The Reviewer cannot recommend the discography or injection discography as being medically necessary for This Patient. The Patient has discogenic disease of the lumbar spine. There is no evidence that the discogenic disease would be improved with surgical intervention and consequently the discography will be of no value because it will not change the clinical course or the treatment in any significant way. Therefore, The Reviewer's medical assessment is that the requested surgery is not medically necessary.

Screening Criteria

1. Specific:
 - Official Disability Guidelines Fourth Edition, Low Back; pg 809

2. General:

In making his determination, the Reviewer had reviewed medically acceptable screening criteria relevant to the case, which may include but is not limited to any of the following: Evidence Based Medicine Guidelines (Helsinki, Finland); Texas Medical Foundation: Screening Criteria Manual (Austin, Texas); Texas Chiropractic Association: Texas Guidelines to Quality Assurance (Austin Texas); Texas Medical Foundation: Screening Criteria Manual (Austin, Texas); Mercy Center Guidelines of Quality Assurance; any and all guidelines issued by DWC or other State of Texas Agencies; standards contained in Medicare Coverage Database; ACOEM Guidelines; peer-reviewed literate and scientific studies that meet nationally recognized standards; standard references compendia; and findings; studies conducted under the auspices of federal government agencies and research institutes; the findings of any national board recognized by the National Institutes of Health; peer reviewed abstracts submitted for presentation at major medical associates meetings; any other recognized authorities and systems of evaluation that are relevant.

CERTIFICATION BY OFFICER

IRO America has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. IRO America has made no determinations regarding benefits available under the injured employee's policy.

As an officer of IRO America Inc., I certify that there is no known conflict between the Reviewer, IRO America and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

IRO America is forwarding by mail or facsimile, a copy of this finding to the DWC, the Injured Employee, the Respondent, the Requestor, and the Treating Doctor.

Sincerely,
IRO America Inc.

Dr. Roger Glenn Brown
President & Chief Resolutions Officer

Cc: _____

Zurich / FOL
Attn: Katie Foster
Fax: 512-867-1733

Dr. Luis Durante
Fax: 325-481-2166

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.

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

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 DWC via facsimile, U.S. Postal Service or both on this 20th day of June, 2006.

Name and Signature of IRO America Representative:

Sincerely,
IRO America Inc.

Dr. Roger Glenn Brown
President & Chief Resolutions Officer