

December 20, 2002

Re: Medical Dispute Resolution  
MDR #: M2-03-0195-01  
IRO Certificate No.: IRO 5055

Dear:

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

The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is Board Certified in Pain Management and Anesthesiology.

I am \_\_\_ 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 any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

We are simultaneously forwarding copies of this report to the payor and the Texas Workers' Compensation Commission. This decision by \_\_\_ is deemed to be a Commission decision and order.

Clinical History:

This female claimant was injured on her job on \_\_\_, resulting in an acceleration/deceleration injury diffusely to the lumbar spine. During her physical therapy, she began to suffer unusual fits or spasms, which were considered possible seizures. Her full neurological diagnostic workup, including EEG and brain scans, was normal. She was then diagnosed with panic/anxiety attacks. A lumbar MRI on 06/07/01 demonstrated annular bulge with small posterior annular tear at L5-S1, as well as mild annular bulge at L4-5. Subsequent epidural steroid injections provided no significant relief or sustained benefit. She was then referred to an orthopedic surgeon.

A lumbar discography was performed on 06/11/02 from L2-3 through L5-S1, even though the only pathology seen on MRI was L4-5 and L5-S1. The discogram revealed normal morphology and

no pain at L2-3, L3-4, and L4-5. At L5-S1, an annular tear was noted with concordant back pain produced. High-resolution CT scan demonstrated a 3-4 mm concentric posterocentral left intraforaminal disc herniation with extruded disc migrating inferiorly on the left, displacing and enlarging the left S-1 nerve root. Left paracentral spinal and foraminal stenosis resulted, with an anterior subannular protruded disc and anterior subannular tear at L5-S1. Swelling was also noted in the left S-1 root.

Disputed Services:

L5-S1 IDET procedure.

Decision:

The reviewer agrees with the determination of the insurance carrier. The reviewer is of the opinion that the procedure in question is not medically necessary in this case.

Rationale for Decision:

Although the claimant does have an annular tear at L5-S1 and concordant pain reproduction on provocative discography, the CT results clearly indicate that there is a foraminal disc herniation with an extruded disc fragment partially compressing and causing edema of the left S-1 root. This pathology is not an indication for the performance of IDET, which is indicated solely for the treatment of annular tear. The presence of left foraminal disc herniation through the annular tear with compression and swelling of the left S-1 nerve root excludes the claimant as a candidate for IDET procedure, according to nationally accepted standards regarding candidacy for this procedure.

## **YOUR RIGHT TO REQUEST A HEARING**

Either party to this medical dispute may disagree with all or part of this decision and has a right to request a hearing.

**If disputing a spinal surgery prospective decision** a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within ten (10) days of your receipt of this decision (28 Tex. Admin. Code 142.5©).

**If disputing other prospective medical necessity (preauthorization) decisions** a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within twenty (20) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you **five (5) days** after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5 (d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings  
Texas Workers' Compensation Commission  
P.O. Box 40669  
Austin, TX 78704-0012

**A copy of this decision should be attached to the request.** The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

**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 December 20, 2002.**

Sincerely,