

NOTICE OF INDEPENDENT REVIEW DECISION

May 23, 2003

RE: MDR Tracking #: M2-03-0953-01
IRO Certificate #: IRO4326

The ___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ___ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a ___ physician reviewer who is board certified in pain management which is the same specialty as the treating physician. The ___ physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to ___ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This patient sustained an injury to her back on ____. Her right foot got caught while walking causing her to twist her back. The patient reports the pain radiates down into the right thigh with episodes of tingling. An MRI was performed on 01/08/03 which revealed facet arthropathy at L4-L5 and L5-S1 and an annular tear at L5-S1. She had a lumbar epidural steroid injection on 03/04/03 with no improvement.

Requested Service(s)

A provocative discogram

Decision

It is determined that the provocative discogram is medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The patient has had pain for six months despite physical therapy, anti-inflammatory medication, and epidural steroid injections. A discogram is an appropriate workup to see if this patient is a candidate for annuloplasty, fusion, or other surgical intervention. The requesting physician clearly states that the discogram is to better define the source of pain in order to develop a treatment plan. North American Spine Society guidelines (phase 3) (pp. 27-28) for unremitting low back pain (Version 1.0) state: "This finding suggests that a properly performed discogram, combining the findings of both the imaging and provocative tests, can be a helpful procedure in evaluating the role of degenerated and disrupted discs in patients with unremitting low back pain". Discograms are likely to provide highly specific information when the patient has had pain resistant to conservative care for more than 6 months, issues of psychosocial dysfunction are not prominent, all degenerated discs and one normal disc as indicated by MRI are injected, and results of the carefully performed imaging and provocative tests are combined.

Uses for discography in "Managing Low Back Pain" by Kirkaldy, Wilson, and Burton (1992) include evaluating equivocal abnormalities seen on myelography, CT, or MRI, isolating a symptomatic disc among multiple level abnormalities, diagnosing lateral disc herniation, establishing contained discogenic pain, selecting fusion levels, and evaluating the previously operated spine.

While the use of discography varies from center to center, this patient does meet criteria for the International Spinal Injection Society (ISIS) and the North American Spine Society (NASS) guidelines. Therefore, the provocative discogram is medically necessary.

This decision by the IRO is deemed to be a TWCC decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the 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 **10** (10) days of your receipt of this decision (20 Tex. Admin. Code 142.5 (c)).

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 **20** (twenty) days of your receipt of this decision (28 Tex. Admin Code 148.3).

This Decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin Code 102.4(h) or 102.5(d)). A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Workers' Compensation Commission, P.O. Box 40669, Austin, Texas, 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 (Commission Rule 133.308 (t)(2)).

Sincerely,

In accordance with Commission Rule 102.4 (h), 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 this 23rd day of May 2003.