

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, MS-48
7551 Metro Center Dr., Ste. 100
Austin, TX 78744-1609

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 July 7, 2005.

Sincerely,

Gilbert Prud'homme
General Counsel

GP/dd

REVIEWER'S REPORT
M2-05-1774-01

Information Provided for Review:

TWCC-60, Table of Disputed Services, EOB's

From Respondent:

Correspondence

From Treating Doctor:

Office notes 06/10/02 – 04/14/05

FCE 09/27/02 – 01/02/04

Electrodiagnostic study 02/07/02 – 01/02/04

From Pain Management Specialist:

Office notes 01/31/02 – 03/22/05

Radiology reports 02/19/02 – 03/10/04

From Neurosurgeon:

Office notes 08/09/02 – 10/25/04

From Orthopedic Surgeon:

Office notes 10/30/03 – 04/12/04

Operative report 01/28/04

Clinical History:

This claimant sustained a work-related injury on ____, which has resulted in a chronic low back pain condition with some radiation into the right lower extremity. She has been treated with

physical therapy and epidural steroid injections, as well as medications. Radiological examinations have shown disc protrusions and degeneration at multiple levels as well as spondylolisthesis of L5 on S1. There is no evidence on my review of records of any findings of spondylolysis.

Disputed Services:

Three-level discogram with post CT scan.

Decision:

The reviewer disagrees with the determination of the insurance carrier and is of the opinion that the procedure in dispute as stated above is medically necessary in this case.

Rationale:

It appears that this claimant has undergone various diagnostic procedures as well as treatment but continues to have symptoms of low back pain, with imaging studies documenting some disc disease. Since the discs may indeed be the source of ongoing back pain as well as some referred back into the lower extremities, the reviewer believes that this claimant would be an appropriate candidate for a diagnostic lumbar discogram study for further clarification of her pain sources.