

NOTICE OF INDEPENDENT REVIEW DECISION

May 13, 2002

Requestor

Respondent

RE: Injured Worker:
MDR Tracking #: M2-02-0406-01
IRO Certificate #:

_____ 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 physical medicine and rehabilitation 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 58 year old male sustained a low back injury in ___1993. Following the injury, the patient underwent the following procedures:

1. Lumbar facet rhizotomy L3-5, Bilateral in December of 1997
2. Lumbar facet fusion L4-5, L5-S1, in June of 1998.
3. IDET L3-L4 in August of 1999
4. Bilateral L3, L4, L5 medical branch blocks in April of 2001
5. Facet rhizotomies medial branch bilateral L3, L4, L5, in May of 2001
6. Medical branch blocks, right L2, L3, L4 in October of 2001
7. RF rhizotomy, right L2, L3, L4 in October of 2001

Requested Service(s)

Lower level medial branch blocks

Decision

Medial branch blocks for right L5, S1 levels are medically necessary for treatment of this patient's condition.

Rationale/Basis for Decision

This procedure is medically necessary in order to reduce the patient's pain, reduce the usage of pain medications and increase functional abilities.

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. A request for 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, along with a copy of this decision notice, should be sent to:

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

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

Sincerely,

cc: David Martinez, Chief Medical Dispute Resolution, Medical Review Division, TWCC

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 _____ day of _____ 2002.

Signature of IRO Employee:

Printed Name of IRO Employee: