

June 12, 2002

Re: Medical Dispute Resolution  
MDR #: M2-02-0447-01  
IRO Certificate No.: I RO 5055

Dear :

\_\_\_ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). Texas Workers' Compensation Commission Rule 133.308 "Medical Dispute Resolution by an Independent Review Organization", effective January 1, 2002, allows an injured employee, a health care provider and an insurance carrier to appeal an adverse determination by requesting an independent review by an IRO.

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 Board Certified in Anesthesia and Pain Management.

**THE PHYSICIAN REVIEWER OF THIS CASE AGREES WITH THE DETERMINATION MADE BY THE INSURANCE CARRIER ON THIS CASE THAT FACET INJECTIONS AT THIS TIME SHOULD BE DENIED.**

I am the Secretary and General Counsel of \_\_\_ 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 forwarding herewith a copy of the referenced Medical Case Review with reviewer's name redacted. We are simultaneously forwarding copies to the patient, the payor, and the Texas Workers' Compensation Commission. This decision by \_\_\_ is deemed to be a Commission decision and order.

#### **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. A request for 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 ' 102.4(h)). A request for 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 this 12<sup>th</sup> day of June, 2002.**

Sincerely,

Secretary & General Counsel

Texas Worker's Compensation Commission  
Attention: Margaret Q. Ojeda  
Medical Dispute Resolution Officer/Case Manager  
Medical Review Division  
MS 40  
4000 South IH-35  
Austin, TX 78704-7491  
FAX: (512) 804-4811

### **MEDICAL CASE REVIEW**

This is \_\_\_ for \_\_\_. I have reviewed the medical information forwarded to me concerning TWCC Case File #M2-02-0447-01, in the area of Pain Management. The following documents were presented and reviewed:

A. MEDICAL INFORMATION REVIEWED:

1. Request for review of denial of lumbar facet injections.
2. Correspondence.
3. Office visits notes from 2000 through 2002.
4. Operative reports, radiology reports, and procedure reports.

B. SUMMARY OF EVENTS:

The patient is a 56-year-old woman who was injured on the job on \_\_\_. Her initial complaints included her right knee, right ankle, and later on her lower back. She was treated conservatively in hopes of avoiding surgery and eventually underwent knee surgery for meniscectomies that were done. These provided her some relief but no long-term relief. The complaints of her back pain continued, and conservative care was tried in hopes of giving her relief there.

I am reviewing this chart at this time to determine whether or not lumbar facet injections would help her. While there is evidence in this chart that a previous set of lumbar facet injections offered her 50% relief for some time, a review of the chart would reveal that most of the patient's complaints, being subjective, are unable to be substantiated by further documentation in objective testing. She has had an MRI which shows extensive degenerative disease in the lower back, and this is considered to be a normal process of aging. While she may well have a lumbar radiculopathy, it is not apparent on neurophysiologic testing.

There are some abnormalities on dermatosensory evoked potentials but these could not be correlated with anything in her. There was question as to whether the patient was magnifying her symptomatology, and it was out of proportion to the objective findings. Neuropsychiatric testing was recommended, but was unable to be carried out due to the patient's inability to cooperate.

Because of the questionable findings in this chart on examination and the fact that the majority of her complaints relating to this are subjective, it is impossible to determine whether or not facet injections would indeed be appropriate for this patient.

C. OPINION:

I AGREE WITH THE DETERMINATION MADE BY THE INSURANCE CARRIER ON THIS CASE THAT FACET INJECTIONS AT THIS TIME SHOULD BE DENIED.

D. DISCLAIMER:

The opinions rendered in this case are the opinions of this evaluator. This medical evaluation has been conducted on the basis of the documentation as provided to me with the assumption that the material is true, complete and correct. If more information becomes available at a later date, then additional service, reports or consideration may be requested. Such information may or may not change the opinions rendered in this evaluation. My opinion is based on the clinical assessment from the documentation provided.

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Date: 12 June 2002