

September 17, 2002

Re: Medical Dispute Resolution  
MDR #: M2-02-0479-01  
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 Board Certified in Anesthesiology and Pain Management.

**The physician reviewer AGREES with the determination of the insurance carrier. The reviewer is of the opinion that Lumbar Facet Injection and additional levels with fluoroscopy and anesthesia are not medically necessary.**

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.

**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 September 15, 2003.

### **MEDICAL CASE REVIEW**

This is \_\_\_ for \_\_\_. I have reviewed the medical information forwarded to me concerning MDR #M2-02-0479-01, in the area of Pain Management. The following documents were presented and reviewed:

A. MEDICAL INFORMATION REVIEWED:

1. Progress notes and documentation of \_\_\_.
2. Physician Advisor Opinions, \_\_\_.
3. Medical records from \_\_\_.
4. Medical records, \_\_\_.
5. Independent Medical Evaluation, \_\_\_.
6. Neurologic evaluation, \_\_\_.
7. Medical records, \_\_\_.

8. Report of MRI examination of lumbar spine.

B. BRIEF CLINICAL HISTORY:

The claimant was allegedly injured during the usual course of employment on \_\_\_\_\_. She worked as a stocker for \_\_\_\_\_. On that date, she apparently was stocking shelves, climbing up and down a ladder when she felt a sudden sharp burning pain in her lower back. She was initially evaluated at \_\_\_\_\_ and prescribed anti-inflammatories, and she returned to work. She then reported to \_\_\_\_\_ at the \_\_\_\_\_ who prescribed a course of physical therapy and medication. She was then referred to \_\_\_\_\_ who performed bilateral piriformis and lumbar facet injections, which apparently were of no significant benefit.

After that, the claimant was referred to \_\_\_\_\_, another pain specialist, who requested facet injections when the claimant was initially seen on 4/02/01. Several more attempts to request facet injections were made, but not approved. When seen on 4/02/01 by \_\_\_\_\_, the claimant denied any radiation of pain into the lower extremities.

The claimant was referred to \_\_\_\_\_ on 7/20/01, complaining of low back pain spreading into both hips, worse on the left than the right side. The patient also complained of multiple other areas of pain including her neck and shoulder, as well as headaches and numbness and tingling of both arms. \_\_\_\_\_ never explained the relatedness of the symptoms other than lumbar pain to the claimant's alleged work-related event. Initial physical exam demonstrated lumbar pain on extension. Straight-leg raising test, Patrick/FABERE and piriformis tests all negative (the Patrick/FABERE test is a test of sacroiliac and hip pathology). There was tenderness of the sacroiliac joint, worse on the right despite the patient's pain complaint of pain being worse on the left. This was also not explained by \_\_\_\_\_. There was tenderness of the lumbar facet joints bilaterally and tenderness of the posterior superior iliac spine, which is merely a bony protrusion of the ilium bone.

\_\_\_\_\_ mentioned the previous injections by \_\_\_\_\_ which had provided no relief. However, he nonetheless recommended diagnostic medial branch facet nerve blocks and diagnostic sacroiliac joint injections to rule out facet and sacroiliac joint dysfunction. That request has been repeatedly denied.

On her subsequent evaluations, the claimant was noted by \_\_\_ to have increased back pain after having a cold and coughing.

On 10/16/01, \_\_\_ saw the patient again, documenting “she had facet steroid injections at the Pain-Net, which were not really diagnostic because of the technique that was used at the time.” No further elaboration is made of that statement.

Recent evaluations by \_\_\_ on 4/11/02 document the claimant complaining of lower back pain, worse on the left, with pain radiating through the posterolateral and medial aspect of the thighs, “all the way to the ankles and toes.”

C. DISPUTED SERVICES:

Lumbar facet injection (CPT Code 64442) and additional levels (CPT Code 64443, x3), with fluoroscopy and anesthesia.

D. DECISION:

I AGREE WITH THE DETERMINATION OF THE INSURANCE CARRIER IN THIS CASE.

E. RATIONALE OR BASIS FOR DECISION:

The claimant’s mechanism of injury, climbing up and down a ladder stocking shelves, would not cause injury to the facet joints. There is no physiologic mechanism by which that activity could or would cause damage to or pathology of the lumbar facet joints, which are strong posterior structure elements of the lumbar spine, not easily injured other than by direct trauma. The patient also underwent lumbar facet injections, clearly documented by \_\_\_ and \_\_\_, providing no significant relief. Therefore, there is no reason to repeat injections which have previously failed.

Additionally, the patient’s most recent evaluation on 4/11/02 documents pain complaints and symptoms totally inconsistent with facet or sacroiliac pain. Specifically, her pain complaints of radiating pain through the legs, ankles and toes bilaterally are simply unrelated to the facet or sacroiliac joints, and

unjustifiable based on the MRI evidence of drying of the L3-4 disk with no evidence of disk herniation or nerve root impingement. Essentially, the lumbar MRI of 2/22/00 was normal except for age-related mild L3-4 degeneration.

Therefore, the claimant's current symptoms are neither related to the facet or sacroiliac joints, and must be deemed non-physiologic based on there being no objective or structural evidence of disk herniation or nerve root pathology to justify such symptoms.

Additionally, \_\_\_ has documented on multiple visits that the claimant is significantly and increasingly depressed. Depression is a relative contraindication for any invasive or injection therapy, and studies have clearly demonstrated that patients with depression respond very poorly to invasive treatments. Therefore, this claimant, by virtue of her ongoing significant depression, symptoms unrelated to the facet or sacroiliac joints, and failure of identical procedures to provide relief when previously done, is not a candidate for four-level lumbar facet injections as requested.

F. 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 September 2002