

September 30, 2002

Re: Medical Dispute Resolution
MDR #: M2.02.0511.01
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 facet injections are **NOT MEDICALLY NECESSARY** in this case.

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 30, 2001.

Sincerely,

MEDICAL CASE REVIEW

This is for _____. I have reviewed the medical information forwarded to me concerning MDR #M2-02-0511-01, in the area of Pain Management. The following documents were presented and reviewed:

A. MEDICAL INFORMATION REVIEWED:

1. Appeal letters of claimant.
2. Medical records, _____.
3. Functional Capacity Evaluation, 4/27/00.

4. Multiple radiology reports including MRI, myelogram/CT scan, and diskogram/CT scan.
5. Psychological evaluation, ____.
6. Multiple physical therapy evaluations and progress notes.

B. BRIEF CLINICAL HISTORY:

The claimant was allegedly injured on ____ while doing a CPR class. She was apparently lifting some of the dummies for the CPR class during the night and felt soreness in her back. The next morning, she awoke with severe back pain. Her pain then began to radiate into the right and left legs, worse on the right.

On 01/05/98, the claimant was seen by neurologist, ____, who documented pain radiating mainly to the dorsum of the thigh and leg with paresthesias in the right foot. He noted a previous history of chronic back problems due to multiple motor vehicle accidents. The claimant had previously been treated for chronic back pain, both pharmaceutically and with interventional pain management, though no details were provided.

The claimant eventually had a lumbar MRI performed on 01/08/98 demonstrating a midline high-intensity zone at L4-5, a 5.0 mm disk protrusion at L5-S1 which did not affect either the central canal or the descending S-1 root, and bilateral facet degeneration at L5-S1. There was no demonstration whatsoever of neural impingement.

The claimant was then referred to ____, who documented on initial evaluation and on multiple subsequent evaluations, negative straight-leg raising test. He referred the patient for a lumbar myelogram on 3/09/98, apparently to determine whether surgery was necessary. The myelogram report indicated, "No evidence of disk herniation." There was no significant impingement on any neural structures or evidence of disk herniation at any level. Minor degenerative changes were noted in the L3-4 and L4-5 facet joints. Despite these findings, the claimant underwent L4-5 and L5-S1 discectomy and foraminotomy on 5/15/98.

Following surgery, the claimant continued to complain of low back and right leg pain, with increasing severity over time. Postoperatively, the claimant

followed up with ___ who continued to document no nerve root tension signs and negative straight-leg raising test. At one point, he opined that the claimant's pain might be facet related.

A lumbar MRI with and without contrast was performed on 8/15/01. It demonstrated mild epidural fibrosis, not significantly causing any compression of the thecal sac or involving either L-5 nerve root. At L5-S1, the disk was noted to be markedly narrowed and degenerated, with a left disk bulge impinging on the left L-5 root. The S-1 roots and thecal sac were not disturbed. L3-4 also demonstrated mild narrowing and drying of the disk with a left intraforaminal herniation. No mention was made of nerve root impingement.

The pre-operative MRI on 01/08/98 did not demonstrate any pathology at L3-4.

On 4/26/02, ___ ordered a lumbar diskogram and CT scan at L2-3 through L5-S1. It demonstrated a normal, non-painful disk at L2-3. At L3-4, there was a left annular fissure with leakage of dye. Upon pressurization of the disk, there was concordant left flank and hip pain. At L4-5 and L5-S1, there was also noted to be significant degeneration of the disk, consistent with the previous operative history of both of those disks with concordant back and left hip pain. Interestingly, the MRI done eight months ago demonstrated left L-5 nerve root compression, but this was not noted on the diskogram or CT scan. The claimant essentially had pain reproduction at L3-4, L4-5, and L5-S1, for which ___ then recommended 360-degree global fusion of those three disk levels. There was also a request apparently for facet injections, which was denied.

C. DISPUTED SERVICES:

Lumbar facet injections.

D. DECISION:

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

E. RATIONALE OR BASIS FOR DECISION:

The claimant's pain complaints have no relationship whatsoever nor are they consistent with facet pain origin. It is clear that she has multi-level degenerative disk disease and compression of the left L-5 nerve root by disk herniation. Her facet joint injections are neither medically indicated, reasonable, or necessary for treatment of what is now a 5-year-old injury that has become a failed back surgery syndrome. There is no medical likelihood that facet joint injections would, in any way, treat the clearly evident pathology seen on imaging studies or the symptoms as described. There is also no objective evidence of significant facet joint pathology or injury related to the work event almost five years ago.

In summary, there is simply no medical justification, indication, relationship, reasonableness, or necessity for performing lumbar facet injections, based on the claimant's symptoms, physical examination, and objective evidence of pathology in imaging studies.

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.

I certify that I have no past or present relationship with the patient and no significant past or present relationship with the attending physician. I further certify that there is no professional, familial, financial, or other affiliation, relationship, or interest with the developer or manufacturer of the principal drug, device, procedure, or other treatment being recommended for the patient whose treatment is the subject of this review. Any affiliation that I may have with this insurance carrier, or as a participating provider in this insurance carrier's network, at no time constitutes more than 10% of my gross annual income.

Date: 24 September 2002