

## NOTICE OF INDEPENDENT REVIEW DECISION

May 31, 2002

Requestor

Respondent

RE: Injured Worker:

MDR Tracking #: M2-02-0512-01

IRO Certificate #: 4326

\_\_\_\_ 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 anesthesiology 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 45 year old female sustained a work related back injury on \_\_\_\_ when she slipped on a greasy floor. The patient developed low back pain and underwent an EMG with nerve conduction studies and an MRI of the lumbosacral spine. The patient also underwent a lumbar fusion with instrumentation in September of 2000. The patient has undergone bilateral SI joint injections and the treating physician is recommending that the patient undergo radio-frequency lesioning of the bilateral sacroiliac joint intervention.

### Requested Service(s)

Radio-frequency lesioning of the bilateral sacroiliac joint intervention.

### Decision

It is determined that the radio-frequency lesioning of bilateral sacroiliac joint intervention is not medically necessary to treat this patient's condition.

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Rationale/Basis for Decision

The patient has undergone two sets of SI injections by two different physicians with no documentation of significant or long-term relief. Due to the multiple intervention pattern of the SI joint, it is not possible to perform RF lesioning to completely block neural transmission from the SI joint. In addition, there are no scientific or peer reviewed studies that demonstrate significant, long-term pain relief following RF procedure of the SI joint.

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: