

## NOTICE OF INDEPENDENT REVIEW DECISION

May 15, 2002

Requestor

Respondent

RE: Injured Worker:

MDR Tracking #: M2-02-0525-01

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 37 year old female was injured on \_\_\_\_ when she fell backwards on a bus, injuring her neck, hip, back, eyes and shoulder. The patient complained of lower back pain and a MRI performed on 03/10/00 revealed an L5-S1 degenerative disc bulge. The patient has undergone a targeted lysis of adhesions with the use of a spinal catheter in the past. The patient continues to complain of pain over the lumbar area and the treating physician has recommended that the patient undergo nerve decompression and delivery of medication with the use of a spinal endoscope.

### Requested Service(s)

Nerve decompression and delivery of medication using a spinal endoscope.

### Decision

It is determined that the nerve decompression and delivery of medication using a spinal endoscope is not medically indicated for the treatment of this patient's condition.

### Rationale/Basis for Decision

There is no epidural fibrosis or structural damage, which would justify endoscopy versus a conventional technique (ESI or selective nerve root block). The medical record documentation indicates that the patient has discogenic pain, facet syndrome, sacroilitis, and myofascial pain syndrome. None of these diagnoses would indicate a necessity for performing an endoscopy. There are no established guidelines from any medical society or organization that would support the use of endoscopy for this patient. There is no indication for the use of endoscopy in patients without failed back surgery or known epidural fibrosis.

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: