

July 22, 2002

Re: Medical Dispute Resolution
MDR # M2-02-0672-01
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 physician. Your case was reviewed by a physician reviewer who is Board Certified in Physical Medicine and Rehabilitation.

THE PHYSICIAN REVIEWER OF YOUR CASE **AGREES** WITH THE DETERMINATION MADE BY THE UTILIZATION REVIEW AGENT ON 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 July 22, 2002.

Sincerely,

MEDICAL CASE REVIEW

This is for ____, ____. I have reviewed the medical information forwarded to me concerning TWCC Case File #M2-02-0672-01, in the area of Physical Medicine and Rehabilitation. The following documents were presented and reviewed:

A. MEDICAL INFORMATION REVIEWED:

1. Request for review of denial of the epidural steroid injection, T9/T10, on the left side.
2. Correspondence from physicians.
3. History and physical and office notes.
4. Operative report, dated May 1998.
5. Radiology reports.

B. SUMMARY OF EVENTS:

This is a 58-year-old gentleman who sustained a compensable injury on _____. He had an injury to his shoulder, for which he underwent several surgeries, and injury to the lumbar spine region. He was out of work and having a significant amount of lumbar problems through 1996 when he

was evaluated by ____, ____ performed a completed assessment, noting that he had mild chronic low back pain, disk desiccation at L3-L4, L4-5, and L5-S1, normal diskograms in 1994, mild facet arthropathy, and non-radicular complaints. ____ felt that surgical intervention was indicated, and on May 27, 1998, ____ completed an L3-4 to the sacrum fusion and instrumentation. The patient apparently tolerated the procedure quite well but continued to have a significant amount of symptomatology.

The notes then skip to October 12, 2001, when a bone scan was completed, noting a "normal bone scan," with no abnormalities of the ribs seen. On the same day, an MRI of the thoracic spine was completed, noting a mild intrinsic compression of the thecal sac at T9/T10. This was "of questionable clinical significance" as noted by ____, the radiologist who reviewed the study.

C. DISPUTED SERVICES:

Epidural steroid injection.

D. DECISION:

I AGREE WITH THE DETERMINATION OF THE INSURANCE CARRIER IN THIS CASE. IN MY OPINION, THE EPIDURAL STEROID INJECTION IS NOT MEDICALLY NECESSARY IN THIS CASE.

As noted by the radiologist's report, there is a marginal finding at T9/T10 that may be indicative of some thoracic pain, but given the amount of surgery that this patient has had and given the date of injury and no findings of any thoracic problems or complaints to the first ten years of this case, it is clear that any changes noted now are not a function of this compensable injury.

As noted, this gentleman is to receive medical benefits for his lifetime that are reasonable and necessary related to the compensable injury, and it does not appear that this thoracic spine problem at the T9/T10 level is a function of his compensable injury.

E. 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.

Date: 22 July 2002