

NOTICE OF INDEPENDENT REVIEW DECISION

August 12, 2002

RE: MDR Tracking #: M2-02-0676-01
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 51 year old female sustained a work-related injury on ___ when she fell from a chair and hurt her neck, left shoulder, back and left leg. She was diagnosed with L4-5 left central paramedian disc herniation and on 10/17/01 she had a partial laminectomy at L4 on the left with excision of herniated nucleus pulposus. She has a past history of posterior interbody fusion with a retained screw at L5-S1. She has continued to complain of pain in the left low back, hip and leg which has not responded to conservative treatment, including ESIs. The current diagnosis is left lumbosacral radiculitis, failed back surgery syndrome, probable lumbar epidural scarring, possible left sacroiliac joint dysfunction, morbid obesity and diabetes. The treating physician has recommended lysis of lumbar epidural adhesions.

Requested Service(s)

Lysis of lumbar epidural adhesions with fluoroscopy and use of monitored anesthesia care (MAC) by a certified registered nurse anesthetist (CRNA)

Decision

It has been determined that lysis of lumbar epidural adhesions with fluoroscopy and MAC by a CRNA are medically necessary.

Rationale/Basis for Decision

This patient has continued radicular pain unresponsive to physical therapy, time, medications, injections and surgery; and is most likely developing epidural fibrosis. Lysis of lumbar epidural adhesions has been utilized since the 1980's to help decrease epidural fibrosis (Manchikanti, Pain Digest). The technique is taught in most pain management textbooks (Waldman, Interventional Pain Management) and review courses (Varley, Interventional Pain Management Techniques). According to current guidelines (Anderson, Current Review of Pain), this procedure is indicated. Other references that further explain the technique and outcomes include, 1) Racz GB, Holubec JT. Lysis of Adhesions in the Epidural Space. Racz GB (ed) Techniques of Neurolysis. Boston, Kluwer Academic Publishers, 1989. pp 73-87; and 2) Heavner JE, Racz GB, Raj P. Percutaneous Epidural Neuroplasty: prospective evaluation of 0.9% NaCl versus 10% NaCl with or without hyaluronidase. Anesthesia Pain Medicine 1999; 24(3): pp 202-7.

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.

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 **10** (10) days of your receipt of this decision (20 Tex. Admin. Code 142.5 (c)).

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 **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 should be sent to: Chief Clerk of Proceedings, Texas Workers' Compensation Commission, P.O. Box 40669, Austin, Texas, 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 (Commission Rule 133.308 (t)(2)).

Sincerely,