

August 5, 2002

Re: Medical Dispute Resolution
MDR #: M2-02-0697-01
IRO Certificate No.: IRO 5055

Dear

___ has performed an independent review of the medical records of the above-named case 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. This case was reviewed by a doctor of Chiropractic Medicine and Diplomate, American Board of Anesthesiology with additional training in Chronic Pain Medicine.

THE REVIEWER OF THIS CASE **AGREES** WITH THE DETERMINATION MADE BY THE INSURANCE CARRIER. **A Bilateral Sacroiliac Steroid Injection with six post injection physical therapy was not medically necessary.**

I am the Secretary and General Counsel of ___ and I certify that the reviewing healthcare professional 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.

Sincerely,

MEDICAL CASE REVIEW

This is for ____, ____. I have reviewed the medical information forwarded to me concerning TWCC Case File #M2-02-0697-01, in the area of Anesthesiology and Chronic Pain Medicine. The following documents were presented and reviewed:

A. MEDICAL INFORMATION REVIEWED:

1. Request for review of denial of bilateral sacroiliac steroid injection with six post-injection physical therapy sessions.
2. Correspondence.
3. History and physical and office notes of 2002.
4. History and physical and office notes of 2001.
5. History and physical and office notes of 2000.
6. Physical therapy notes.
7. Operative report.
8. Nerve conduction study.
9. Radiology reports.

B. BRIEF CLINICAL HISTORY:

The claimant was purported to have incurred a work-related injury on _____. The mechanism of injury was stated to be a result of lifting a marine battery and placing it on a counter in the workplace. The claimant indicates that she injured her abdominal wall, pinching it between the battery and the countertop surface. Apparently, the following day, she began to complain of low back pain with bilateral radicular pain.

Initial chiropractic treatments were not effective in alleviating the low back pain problems, and an MRI was conducted on the lumbar spine on 9/21/00. The impression of that was a circumferential posterocentrally herniated and extruded disc at L5-S1 with mass effect.

Neurosurgical evaluation was rendered, followed by epidural steroid injections performed by the examining neurosurgeon. That was followed by decompressive lumbar laminectomy without disc resection at the L5-S1 interspace. Interestingly enough, the claimant had some degree of resolution in the radicular pain, yet the low lumbar pain still continued and remains to date apparently.

C. DISPUTED SERVICES:

Bilateral sacroiliac steroid injection with six post-injection physical therapy sessions.

D. DECISION:

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

E. RATIONALE OR BASIS FOR DECISION:

There is inadequate documentation within the material reviewed to substantiate ___ suggestion that the claimant's pain is mediated through bilateral sacroiliac involvement. Statistically, there are more valid considerations as to the cause of the claimant's ongoing back pain. The claimant's condition has been treated since September of 2000 by a wide range of therapeutic interventions, yet significant long-term relief has not been accomplished. It is the opinion of this reviewer that sacroiliac joint injections with physical therapy would not change the outcome in this case.

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.

Date: 30 July 2002