

July 16, 2002

Re: MDR #: M2-02-0734-01
IRO Certificate No.: 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 who is Board Certified in Neurology and Pain Management.

THE PHYSICIAN REVIEWER OF THIS CASE AGREES WITH THE RENY COMPANY'S ADVERSE DETERMINATION REGARDING COBLATION NUCLEOPLASTY IN 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 16, 2002.

Sincerely,

MEDICAL CASE REVIEW

This is for _____. I have reviewed the medical information forwarded to me concerning TWCC Case File #M2-02-0734-01, in the area of Neurology/Pain Management. The following documents were presented and reviewed:

A. MEDICAL INFORMATION REVIEWED:

1. Multiple documents including the appeal of the denial of the left lumbar facet joint steroid injections and left sacroiliac joint steroid injection, by _____.
2. Pre-authorization and decision notes by the _____.
3. Notes by _____.
4. Notes from _____.
5. Multiple notes for "Worker's Compensation follow-up visits" by _____.
6. Progress notes from _____.

B. BRIEF CLINICAL HISTORY:

The history is well outlined in several notes included in the records and will not be repeated here.

C. DISPUTED SERVICES:

Request for left lumbar facet joint steroid injections at four levels, as well as a left sacroiliac joint steroid injection.

D. DECISION:

I AGREE WITH THE DETERMINATION MADE BY THE INSURANCE CARRIER IN THIS CASE.

E. RATIONALE OR BASIS FOR DECISION:

I am in agreement that treatment of a presumed lumbar facet joint and sacroiliac joint source of pain is not medically necessary at this point. However, I do feel it would be appropriate to have the patient undergo diagnostic lumbar facet blocks on the left to determine if the facet joints are indeed a source of the patient's back pain, especially if it is primarily axial rather than appendicular. If there is confirmation of a lumbar facet joint source of pain, then the facet joints can be treated with either steroid injections or perhaps a radiofrequency denervation procedure.

It is this reviewer's opinion that pain from the sacroiliac joint is quite unusual, but can certainly be contemplated if other pain sources have been either ruled out or treated, such as nerve root irritation (which has already been treated with a course of epidural steroid injections), lumbar facet joints as has been discussed above, myofascial pain/muscle strain-type sources, etc. If these sources have been adequately evaluated and/or treated and pain persists in the region of the lower lumbar spine, lateralized to the left, then perhaps a steroid injection into the sacroiliac joint may prove to be worthwhile, both diagnostically and therapeutically.

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

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: 12 July 2002