

September 15, 20032

Re: Medical Dispute Resolution
MDR #: M2-02-0808.01
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 health care provider. Your case was reviewed by a physician Board Certified in Physical Medicine and Rehabilitation and Electrodiagnostic Medicine.

The physician reviewer **DISAGREES** with the determination of the insurance carrier. The reviewer is of the opinion that L-2 radio-frequency **IS MEDICALLY NECESSARY** 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 September 26, 2002.

Sincerely,

MEDICAL CASE REVIEW

This is for ____, ____. I have reviewed the medical information forwarded to me concerning MDR #M2-02-0808-01, in the area of Physical Medicine and Rehabilitation. The following documents were presented and reviewed:

A. MEDICAL INFORMATION REVIEWED:

1. Information from ____ requesting pre-authorization for an L-2 neurotomy.

2. Medical necessity reviews by the insurance carrier.
3. Narrative history of the March 1999 laminectomy with anterior lateral interbody fusion at L4-5; I believe this was the last surgical procedure this gentleman had.
4. Summaries of the patient's history going back to ____ when he first injured himself, with the first surgery being June 23, 1992, and the second on March 2, 1994, for hardware removal; in 1997, scar revision; and in 1999, attempt to see effect of neurotomy.
5. Physical therapy notes.
6. Reports of the lumbar spine with flexion/extension views, dated May 28, 1996, and other studies in between.
7. Notes regarding injections. Most importantly, there are notes which indicate that injecting the L-2 ganglion vicinity apparently have given this gentleman relief from his pain.

B. BRIEF CLINICAL HISTORY:

This gentleman has had multiple surgeries--three to his back and a fourth related to the previous surgeries. He has had epidural steroids, I believe, and there has also been a trial to see if he would benefit from a neurectomy, a chemical or radio-frequency pulsed neurotomy.

C. DISPUTED SERVICES:

L-2 ganglion neurotomy, bilateral, with pulsed radio-frequency.

D. DECISION:

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

E. RATIONALE OR BASIS FOR DECISION:

I believe that in 11 years this gentleman has had a very careful attempt at relieving his pain which apparently occurred when he was injured in ____.

The records which are presented indicate that the care was reasonable and that, whenever possible, conservative measures were taken to relieve his

pain. The attempt to see the effect of the neurotomy I believe was a fair attempt, and it shows promise of being able to help relieve his pain.

There is basically very little that I can think of that has not been done to help this gentleman. This seems like a reasonable step. There is also a notation that possibly a neurostimulator might be the next step. A morphine pump is not mentioned. However, at this point, with three back surgeries, all failed, possibly all that is left for this gentleman may be these three modalities--neurotomy, a pump, and a stimulator. This is certainly the most promising, in my opinion, and the fact that a trial has been made which was somewhat successful, i.e., 60% successful, would indicate that it has a reasonably good chance of being successful in this gentleman.

We are talking only about pain relief. Understandably, this is a Worker's Compensation case, and not only pain relief but return to work is an issue.

I believe there is good evidence in the chart that his care has been very well thought out over eleven years, and the recommendation of neurotomy is another well thought-out attempt to reduce the pain for this gentleman.

Thus, I have to disagree with the carrier in this case, that it would be a reasonable attempt to reduce this gentleman's pain and is medically necessary.

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: 23 September 2002