

August 9, 2002

Re: Medical Dispute Resolution
MDR #: M2-02-0850-01
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 Pain Management and Anesthesia.

THE PHYSICIAN REVIEWER OF YOUR CASE **AGREES** WITH THE DETERMINATION MADE BY THE UTILIZATION REVIEW AGENT ON THIS CASE. A series of three (3) lumbar epidural steroid injections is not medically necessary.

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 August 9, 2002.

Sincerely,

MEDICAL CASE REVIEW

This is for _____. I have reviewed the medical information forwarded to me concerning TWCC Case File #M2-02-0850-01, in the area of Pain Management. The following documents were presented and reviewed:

A. MEDICAL INFORMATION REVIEWED:

1. Medical records of _____.
2. Lumbar MRI report (3/14/02).
3. Lumbar MRI report (3/18/99).
4. Peer review, _____ (5/05/99).

B. BRIEF CLINICAL HISTORY:

This claimant was allegedly injured on _____ while lifting a ramp onto a trailer. He received conservative treatments from multiple providers, which did not provide relief. He subsequently underwent laminectomy on 10/31/94. After that, he underwent decompressive laminectomy from L-3 through S-1 on 12/06/95. Another surgery was performed on 3/24/97, consisting of internal fixation and exploration of fusion mass.

The claimant has continued to have low back and bilateral leg pain despite all of the surgery that has been performed. He is now fused from L-3 through S-1. He has had multiple MRI and myelogram/CT studies performed since the surgery to evaluate his ongoing low back and bilateral leg pain. He also had a trial of spinal cord stimulation performed by ___ in May 1999, which provided absolutely no pain relief despite good stimulation of all painful areas.

The most recent MRI report, on 3/14/02, demonstrates epidural scarring at L4-5 and L5-S1, with no spinal stenosis identified at any level. No disk herniations were identified at any level. At L4-5, epidural scarring was noted around the thecal sac. At L5-S1, epidural scarring was noted around the thecal sac adjacent to the S-1 nerve root sleeves bilaterally. Moderate posterior disk bulging was seen at L1-2 with a small annular tear, causing no neural or nerve root impingement or central canal stenosis.

A request for a series of three outpatient lumbar epidural steroid injections was made by ___ on 4/25/02. According to ___ note of 3/19/02, this request was for treatment of L2-3 stenosis with radiculopathy. This request was denied by the physician adviser on 4/25/02.

C. DISPUTED SERVICES:

Series of three lumbar epidural steroid injections.

D. DECISION:

I AGREE WITH THE DETERMINATION OF THE INSURANCE CARRIER IN THIS CASE THAT A SERIES OF THREE LUMBAR EPIDURAL STEROID INJECTIONS IS NEITHER MEDICALLY REASONABLE NOR NECESSARY FOR TREATMENT OF THE CLAIMANT'S WORK-RELATED INJURY OR CURRENT CONDITION.

E. RATIONALE OR BASIS FOR DECISION:

Despite ___ assertion that this claimant has evidence of an L2-3 stenosis with radiculopathy, the lumbar MRI of 3/14/02 clearly demonstrates no such finding. In fact, the report states, "No disk herniation or central stenosis is identified at the C2-3 level." I assume that this is a typographical error, and that "C2-3" really means "L2-3" since this is a lumbar, not cervical, MRI. The only disk abnormality noted is a posterior disk bulge at L1-2 with an annular tear, causing no spinal or foraminal stenosis or nerve root impingement.

The claimant clearly has extensive postoperative changes of his lumbar spine due to the multiple surgeries performed, and has failed all reasonable and necessary treatment for his failed back surgery syndrome and ongoing pain. There is no medical justification for a "series of three" epidural steroid injections to be performed. Based on the MRI evidence, there is no medical indication for any epidural steroid injection to be performed. Unfortunately, all reasonable and necessary treatment has been exhausted in this patient, and he is unlikely to obtain any significant improvement despite any further attempts at treatment. Since there is no scientific evidence supporting the request for a series of three epidural steroid injections, and no pathology identified on the MRI for which epidural steroid injections would otherwise be indicated, there is no medical necessity or reasonable indication for any epidural steroid injections, and certainly not a "series of three" for treatment of this claimant's work injury or failed back surgery syndrome as a result of the multiple surgeries performed.

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: 8 August 2002