

NOTICE OF INDEPENDENT REVIEW DECISION

February 24, 2003

RE: MDR Tracking #: M2-02-0918-01
IRO Certificate #: IRO 4326

The ___ 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 male sustained a work-related injury on ___ when he was lifting an aluminum structure and tried to catch it when it moved. He twisted his trunk and experience pain in the lumbar area. The patient underwent MRIs of the sacrum and of the lumbar spine on 11/14/01. He underwent electromyography and nerve conduction studies on 10/21/02. The patient has been treated with brief chiropractic care and epidural steroid injections. The treating physician is recommending that the patient undergo bilateral lumbar facet and bilateral sacroiliac joint injections.

Requested Service(s)

Bilateral lumbar facet and bilateral sacroiliac joint injections.

Decision

It is determined that the bilateral lumbar facet joint injections are medically necessary to treat this patient's condition. However, it is determined that the bilateral sacroiliac joint injections are not medically necessary.

Rationale/Basis for Decision

The medical record documentation indicates that the patient is experiencing pain in his back with radiation to his buttocks. A physical examination reveals tenderness over the facet joint area and negative straight leg raises, consistent with posterior element pain. The documentation also states that the patient is requesting injections and has had good success with previous injections.

Facet blocks are currently used for patients with low back pain who have not responded to directed conservative care for at least 4 weeks. The North American Spine Society Guidelines (phase III) recommend facet blocks to facilitate active treatment or to assess the possibility of facet neurotomy. Medicare local medical review policies guidelines recommend facet blocks in patients without strong radicular components. However, multiple injections (such as combinations of facet blocks and epidural steroid injections or sacroiliac blocks) usually lead to improper diagnosis or unnecessary treatment. Therefore, the bilateral lumbar facet joint injections are medically necessary while the bilateral sacroiliac joint injections are not medically necessary.

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,

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cc: Rosalinda Lopez, Program Administrator, Medical Review Division, TWCC

In accordance with Commission Rule 102.4 (h), 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 this 24th day of February 2003.