

NOTICE OF INDEPENDENT REVIEW DECISION

August 20, 2002

RE: MDR Tracking #: M2-02-0976-01
IRO Certificate #: 4326

___ 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 46 year old female sustained a work related injury on ___ resulting in an injury to her lower back. The patient underwent an MRI of the cervical spine on 04/20/00 and an MRI of the lumbar spine on 05/12/00. The patient has had facet injections on several occasions and on 06/06/01, underwent a facet arthrogram, facet injections at L3-4, L4-5, and L5-S1, a myelogram, placement of caudal epidural catheter with steroid injections, and a nerve root compression at L4-5. The patient continues to complain of low back pain and the treating physician has recommended that the patient undergo lumbar epidural steroid injection (ESI) and lumbar and cervical facet injections.

Requested Service(s)

ESI and lumbar and cervical facet injections

Decision

It is determined that the ESI is medically necessary, however, the lumbar and cervical facet injections are not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The patient is experiencing low back pain with radicular components and has responded to a previous epidural steroid injection. She also has more than 4 months duration of pain relief. Epidural steroids are indicated for patients with radicular components. Therefore, the ESI is medically necessary.

Reference: North American Spine Society Phase 111 Clinical guidelines for multidisciplinary spine care specialists.

Facet injections are currently used on a diagnostic basis to determine if a patient might benefit from possible facet neurectomy. The medical record documentation states that the previous facet injections “helped only minimally with the pain”. Therefore, the lumbar and cervical facet 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,