

NOTICE OF INDEPENDENT REVIEW DECISION

September 13, 2002

RE: MDR Tracking #: M2-02-1027-01
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 25 year old female sustained a work related injury on ___ when the bus that she was driving was hit by another car and she was thrown forward and backwards in the seat belt. The patient complained of cervical and lumbar pain. An MRI performed on 03/26/02 revealed disc bulges at the L4-5 levels and mild irregularities of the facet joint at the L5-S1 level suggesting a mild strain.

Requested Service(s)

Series of 3 lumbar epidural steroid injections with spinal epidural catheter.

Decision

It determined that the series of 3 lumbar epidural steroid injections with spinal epidural catheter are not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

This patient continues to experience some cervical pain and to a greater degree, lumbar pain. Examiners identified the back as the primary sight of her pain. Leg pain is not prominent in that only occasional numbness and tingling of the left lower extremity was noted. The MRI revealed facet dysfunction, which is likely the diagnosis to explain the ongoing complaints of pain. Epidural steroid injections are not indicated for facet dysfunctions. Therefore, it is determined that the series of 3 lumbar epidural steroid injections with spinal epidural catheter are not medically necessary to treat this patient's condition.

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,