

NOTICE OF INDEPENDENT REVIEW DECISION

September 25, 2002

RE: MDR Tracking #: M2-02-1033-01
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 orthopedic surgery 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

The 54 year old female sustained a work related injury on ____. While moving clothes racks she felt a pop in her back. The patient was evaluated by her family physician and a chiropractor. The evaluations included x-rays, CAT scans, MRI's and myelograms. The patient underwent a lumbar laminectomy with fusion on 05/08/96, an exploration of the spinal fusion on 09/10/97 and another laminectomy and fusion on 05/19/99. She had conservative treatment in the form of physical therapy, work conditioning and injections to the spine. The treating physician is recommending that the patient undergo a right S1 nerve block.

Requested Service(s)

Right S1 nerve block

Decision

It is determined that the right S1 nerve block is medically necessary to treat this patient's condition.

Rationale/Basis for Decision

On 06/04/01 a CT scan of the lumbar spine revealed mild impression of the right S1 nerve root and mild right foraminal stenosis at L5-S1. The medical record documentation indicates a progressive increase in the patient's symptoms, particularly an increase in right lower extremity radicular pain, which is described as "severe right sided leg pain". The patient is completely disabled and is noted to have impaired straight leg raises on the right. There is no medical record documentation to dispute a diagnosis of radiculopathy. With significant symptoms and findings as noted, an attempt should be made to provide symptomatic relief and to establish a definitive diagnosis. Therefore, the right S1 nerve block is medically indicated.

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