

**IRO Certificate #4599**

**NOTICE OF INDEPENDENT REVIEW DECISION**

October 28, 2002

**Re: IRO Case # M2-02-1044-01**

Texas Worker's Compensation Commission:

\_\_\_ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to \_\_\_ for an independent review. \_\_\_ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, \_\_\_ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Physical Medicine and Rehabilitation. He or she has signed a certification statement attesting 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 referral to \_\_\_ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the \_\_\_ reviewer who reviewed this case, based on the medical records provided, is as follows:

History

The patient is a 36-year-old male who in \_\_\_ injured his neck, mid back and low back. He was treated with physical therapy and a TENS unit. An MRI of the cervical spine 11/19/01 was negative. On examination the patient had tenderness and bilateral muscle spasms. Bilateral facet injections at joints C2-C7 were initially recommended in May, 2002. On May 30, 2002 the recommendation was modified to include bilateral facet injections at joints C1-C4.

Requested Service

Facet joint injections

Decision

I disagree with the carrier's decision to deny the requested facet joint injections.

Rationale

The patient continues to have mechanical-type neck pain. He has pain with extension, as well as pain in the paraspinal muscles, and in a zone which corresponds to the upper cervical facet joints. The MRI of the cervical spine was negative. Cervical facet joint pain, however, cannot be diagnosed by clinical exam or by MRI. It can only be definitively diagnosed with fluoroscopically guided injections. According to the clinical notes, this patient appears to be an appropriate candidate for facet joint injections.

This medical necessity decision by an Independent Review Organization 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 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** (ten) days of your receipt of this decision (28 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 a hearing should be sent to:  
Chief Clerk of Proceedings, Texas Worker's Compensation Commission, P O Box 40669,  
Austin, TX 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing this 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,