

NOTICE OF INDEPENDENT REVIEW DECISION

September 23, 2002

RE: MDR Tracking #: M2-02-1075-01
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 57 year old male sustained a work related injury to his lower back on ____. The patient underwent a lumbar laminectomy with fusion in February of 1999. The patient continues to complain of back pain and right leg pain and is being maintained on pain medication. The treating physician is recommending that the patient undergo lumbar facet injections with fluoroscopy.

Requested Service(s)

Lumbar facet injections with fluoroscopy

Decision

It is determined that lumbar facet injections with fluoroscopy are medically necessary to treat this patient's condition.

Rationale/Basis for Decision

This patient has chronic low back pain, which worsens with extension (characteristic of facet pain) and has not responded to time, spine rehabilitation, surgery, and medications including class II opioids. The North American Spine Society Guidelines include facet injections at this stage of pain (phase 3). As referenced in LaGrange, "Unremitting low back pain. In: North American Spine Society Phase III clinical guidelines for multidisciplinary spine care specialists", North American Spine Society (NASS); 2000. 96 p., facet injections are an appropriate treatment regimen for patients in phase 3 facet joint pain.

Therefore, it is determined that the facet injections with fluoroscopy are 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,