

THIS DECISION HAS BEEN APPEALED. THE FOLLOWING
IS THE RELATED SOAH DECISION NUMBER: 453-03-0985.M2

October 2, 2002

Re: Medical Dispute Resolution
MDR #: M2.02.1085.01
IRO Certificate No.: IRO 5055

Dear:

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to ___ for an independent review. ___ has performed an independent review of the medical records to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced below, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is Board Certified in Anesthesiology and Chronic Pain Medicine.

The physician reviewer **AGREES** with the determination of the insurance carrier. The reviewer is of the opinion that three epidural steroid injections and facet injections are **NOT MEDICALLY NECESSARY**.

I am the Secretary and General Counsel of ___ and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

We are forwarding herewith a copy of the referenced Medical Case Review with reviewer's name redacted. We are simultaneously forwarding copies to the patient, the payor and the Texas Workers' Compensation Commission. This decision by ___ 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 this 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 ten (10) days of your receipt of this decision (28 Tex. Admin. Code 142.5©).

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 twenty (20) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you five (5) 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 Workers' Compensation Commission
P.O. Box 40669
Austin, TX 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.

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on October 2, 2002.

Sincerely,

MEDICAL CASE REVIEW

This is ___ for ___. I have reviewed the medical information forwarded to me concerning MDR #M2-02-1085-01, in the area of Chronic Pain Management. The following documents were presented and reviewed:

A. MEDICAL INFORMATION REVIEWED:

1. Request for review of denial of three epidural steroid injections and facet injections.
2. Correspondence.
3. History and physical and office notes.
4. Radiology reports.

B. BRIEF CLINICAL HISTORY:

The claimant reportedly incurred a work-related injury on ___, that resulted in complaints of thoracic pain which apparently subsided early on. However, low back and lower extremity pain continued. Diagnostic studies included an MRI of the lumbar spine, nerve conduction studies,

and lumbar provocative discography. Directed treatments included physical therapy, medical therapy, and epidural steroid injections. Yet, complaints of low back and lower extremity pain continued.

C. DISPUTED SERVICES:

Request for three epidural steroid injections and facet injections.

D. DECISION:

I AGREE WITH THE DETERMINATION OF THE INSURANCE CARRIER IN THIS CASE. THREE EPIDURAL STEROID INJECTIONS AND FACET INJECTIONS WERE NOT MEDICALLY NECESSARY IN THIS CASE.

E. RATIONALE OR BASIS FOR DECISION:

The request for three epidural steroid injections does indeed exceed commonly recommended guidelines. Further, performing epidural steroid injections with facet injections obviates a logical spine pain generator workup.

F. DISCLAIMER:

The opinions rendered in this case are the opinions of this evaluator. This medical evaluation has been conducted on the basis of the documentation as provided to me with the assumption that the material is true, complete and correct. If more information becomes available at a later date, then additional service, reports or consideration may be requested. Such information may or may not change the opinions rendered in this evaluation. My opinion is based on the clinical assessment from the documentation provided.

Date: 24 September 2002