

October 8, 2002

Re: Medical Dispute Resolution  
MDR #: M2.02.1089.01  
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 above, 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. An Osteopathic doctor who is Board Certified in Anesthesiology and Pain Management reviewed your case.

The physician reviewer **AGREES** with the determination of the insurance carrier. The reviewer is of the opinion that ESI 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 8, 2002.

Sincerely,

### **MEDICAL CASE REVIEW**

This is for \_\_\_\_\_. I have reviewed the medical information forwarded to me concerning MDR #M2-02-1089-01, in the area of Pain Management. The following documents were presented and reviewed:

A. MEDICAL INFORMATION REVIEWED:

1. Medical records from \_\_\_\_\_, and \_\_\_\_\_.
2. Peer review by \_\_\_\_\_.

B. BRIEF CLINICAL HISTORY:

The claimant was allegedly injured on \_\_\_\_\_. The injury consisted of a slip and fall down a short flight of stairs, landing on her buttocks. The patient has had an extensive amount of treatment for this relatively minor injury, including two cervical spine surgeries, a lumbar spine surgery, and insertion

of spinal cord stimulator. She has also had multiple epidural and facet injections, none of which provided significant or long-lasting pain relief. The claimant dropped out of a chronic pain management program in July 2001 after attending only one week. \_\_\_\_, the Medical Director of that program, recommended no further treatment for the claimant based on lack of significant benefit from all of the procedures that had been done.

The claimant continues to take large amounts of long-acting narcotics despite all of the treatment that has been done, including the spinal cord stimulator. According to \_\_\_\_ most recent notes, there appears to be a malfunction of the right-side spinal cord stimulator lead, but there is no documentation as to whether that has been investigated with either x-ray or attempts at re-programming.

There is no objective evidence of pathology for which either a spinal cord stimulator or lumbar epidural steroid injection would be indicated. An MRI apparently demonstrated diffuse disk bulging with disk dehydration, as well as retrodiskal and parathecal enhancement consistent with L4-5 fibrosis. The actual MRI report is not available for my review. I quote those findings from a 5/31/02 letter of \_\_\_\_.

There is no documentation of any ongoing home exercise program or any other attempted management recommended other than more injection therapy.

In direct contradiction to his 5/31/02 note, \_\_\_\_ has a 3/29/02 note indicating lack of left lower extremity stimulation. There is clearly great confusion in the progress notes regarding the functioning of the spinal cord stimulator.

C. DISPUTED SERVICES:

Lumbar epidural steroid injection.

D. DECISION:

I AGREE WITH THE DETERMINATION OF THE INSURANCE CARRIER IN THIS CASE.

E. RATIONALE OR BASIS FOR DECISION:

It is not at all clear that this claimant has any pathology for which a lumbar epidural steroid injection would now be indicated. It is clear that prior lumbar epidural steroid injections were of limited and/or short-term benefit,

prompting the decision to place a spinal cord stimulator. It does not appear that the spinal cord stimulator has ever provided any significant relief. In fact, the brief review of records that I have done did not demonstrate any legitimate medical indication for the use of the spinal cord stimulator in the first place. What is also clear from review of his file is that despite all of the injection therapy, surgery, and spinal cord stimulation, the claimant has never reduced her use of narcotics or obtained any significant or long-term benefit from anything yet done to her.

There has also been insufficient evaluation of the spinal cord stimulator by \_\_\_\_\_. Specifically, there have been no x-rays to determine whether the lead has migrated or any documented attempts to reprogram the stimulator in the last several months. It is neither medically reasonable nor necessary to perform lumbar epidural steroid injections in a patient in whom these injections have previously failed to provide significant relief, especially when a spinal cord stimulator is currently in place. The status of the stimulator needs to be determined, and the use of the stimulator maximized. It is not medically appropriate to re-introduce epidural steroid injections in a patient in whom a stimulator has already been placed, especially when those injections have not provided clear, substantial, or long-lasting benefit when previously done.

Therefore, in this case, a lumbar epidural steroid injection is neither medically reasonable nor necessary, nor is it medically indicated.

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.

I certify that I have no past or present relationship with the patient and no significant past or present relationship with the attending physician. I further certify that there is no professional, familial, financial, or other affiliation, relationship, or interest with the developer or manufacturer of the principal drug, device, procedure, or other treatment being recommended for the

patient whose treatment is the subject of this review. Any affiliation that I may have with this insurance carrier, or as a participating provider in this insurance carrier's network, at no time constitutes more than 10% of my gross annual income.

Date: 7 October 2002