

March 12, 2003

Re: Medical Dispute Resolution  
MDR #: M2.02.1147.01  
IRO Certificate No.: 5055

**TRANSMITTED VIA FAX TO:**

Texas Workers' Compensation Commission  
Attention: Rosalinda Lopez  
Medical Dispute Resolution  
Fax: (512) 804-4868

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. Your case was reviewed by a physician who is Board Certified in Anesthesiology and Pain Management.

**Clinical History:**

This 45-year-old male claimant suffered a work-related injury on \_\_\_, initially described as "thoracic strain". Available information suggests continued pain in the mid-thoracic region as of August 2002. An MRI on 04/10/02 revealed "no focal disc herniation or significant spinal stenosis". The report notes "mild posterior bulging" of the discs at T8-9, T6-7, T10-11, and T12-L1. The physical exam notes only tenderness to the thoracic paraspinous area and right rhomboid, levator, and trapezius tendons. The patient apparently has had a course of physical therapy but discontinued anti-inflammatory treatment due to intolerance.

**Disputed Services:**

Series of three thoracic epidural injections with fluoroscopic imaging, epidurogram, and four to six trigger point injections with each.

**Decision:**

The reviewer partially agrees with the determination of the insurance carrier. The reviewer is of the opinion that the three thoracic epidural steroid injections with fluoroscopic imaging and the epidurogram are not medically necessary. However, four to six trigger point injections are medically necessary in this case.

**Rationale for Decision:**

Neither the radiologic nor the physical exam findings suggest a discogenic basis for the pain. The mild bulging of the disc at the four thoracic levels is of questionable significance. There is no evidence of radiculopathy. The localized paraspinous/trapezius tenderness does justify trigger point injections. A renewed effort at anti-inflammatory treatment with alternate NSAID choices, coupled with aggressive treatment of intolerance, is also justified.

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 care for determination prior to referral to the Independent Review Organization.

We are simultaneously forwarding copies of this report to 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, MS-48  
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 March 12, 2003.

Sincerely,