

THIS DECISION HAS BEEN APPEALED. THE FOLLOWING IS THE RELATED SOAH DECISION NUMBER:

SOAH DOCKET NO. 453-02-3067.M2

April 8, 2002

Re: Medical Dispute Resolution
MDR #: M2-02-0455-01
TWCC File #:
Injured Employee:
DOI: SS#:
IRO Certificate No.:

Dear Dr. :

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). Texas Workers' Compensation Commission Rule 133.308 "Medical Dispute Resolution by an Independent Review Organization", effective January 1, 2002, allows an injured employee, a health care provider and an insurance carrier to appeal an adverse determination by requesting an independent review by an IRO.

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. This case was reviewed by a Board Certified Anesthesiologist, specializing in Pain Management.

THE PHYSICIAN REVIEWER OF THIS CASE AGREES WITH THE DETERMINATION MADE BY THE INSURANCE CARRIER ON THIS CASE.

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. A request for 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 ' 102.4(h)). A request for 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 this 8th day of February, 2002.

Sincerely,

Secretary & General Counsel

MEDICAL CASE REVIEW

This is ___, M.D. for ___. I have reviewed the medical information forwarded to me concerning Case File #M2-02-0455-01, in the area of Pain Management. The following documents were presented and reviewed:

A. MEDICAL INFORMATION REVIEWED:

- 1. Request for Medical Dispute Resolution.
- 2. American Interstate=s documentation and information.
- 3. Physician=s documentation.
- 4. Research data.

B. SUMMARY OF EVENTS:

This is a review of a case for ___. ___ is a 58-year-old gentleman who sustained an injury to his lower back while working as a truck driver. He has participated in physical therapy, and that has helped him up to a point, but he has reached a plateau. He has had epidural steroid injections and facet injections. He is being considered as a candidate for IDET procedure. This procedure has been denied, and I am asked to review it to determine whether or not this procedure should be allowed.

C. OPINION:

I AGREE WITH THE DETERMINATION MADE BY THE UTILIZATION REVIEW AGENT ON THIS CASE.

The reasons for my agreement with that agent are as follows:

On a CT scan done 9/26/01, there is a clear indication of moderate central disk herniation with moderate central canal stenosis. If one reviews the criteria for IDET procedure, potential exclusion criteria clearly state that moderate to severe spinal or canal stenosis would exclude the patient from the procedure. Although he does meet most of the inclusion criteria, it should be noted that there is some evidence of radicular pain, although it is not his primary complaint. This should be taken as cautionary criteria. In addition to this, three disk levels are proposed which would put him at the edge of inclusion criteria, and again should be used as cautionary criteria. The patient has also demonstrated some psychological instability, in that he has a history of post-traumatic stress disorder and concerns with drug dependency. This again is not an exclusion criteria but should be used as cautionary criteria.

IDET procedure is clearly a revolutionary procedure and is fast becoming a part of the armamentarium of interventional pain management, but its success depends on careful selection of potential candidates for it. Because of this patient's exclusionary criteria and cautionary criteria, I cannot see that he is a good candidate for IDET procedure and, therefore, again would agree with the determination already made the Utilization Review agent, and advise denial of the procedure.

D. 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: 5 April 2002