

**IRO Certificate #4599**

**NOTICE OF INDEPENDENT REVIEW DECISION**

November 1, 2002

**Re: IRO Case # M2-03-0066**

Texas Worker's Compensation Commission:

\_\_\_ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to \_\_\_ for an independent review. \_\_\_ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, \_\_\_ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Physical Medicine and Rehabilitation. He or she has signed a certification statement attesting 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 referral to \_\_\_ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the \_\_\_ reviewer who reviewed this case, based on the medical records provided, is as follows:

History

The patient is a 30-year-old male injured when he slipped and fell in \_\_\_\_. X-rays were negative. Straight leg raising was positive bilaterally. He was diagnosed with a lumbar sprain/strain and given physical therapy and chiropractic treatment. An MRI in January, 2002 showed multi level degenerative disk disease with multiple disk protrusions at L2-3 through L5-S1. An electrodiagnostic study was positive for left L5 radiculopathy. The impression from a neurological consult was radicular pain secondary to multi level disk bulges, lumbar muscle strain, and possible facet joint syndrome of the low back. A pain management consult indicated that the pain was rated 9 on a scale of 10 radiating into the left lower extremity with intermittent numbness in the toes. The patient was diagnosed with

lumbar radiculopathy, bilateral facet syndrome, bilateral sacroiliitis and myofascial pain syndrome. Two epidural steroid injections provided minimal relief

Requested Service

Lumbar facet joint injections at L3-4, L4-5 and L5-S1 on the left, and two weeks later on the right.

Decision

I disagree with the carrier's decision to deny the requested treatment.

Rationale

The patient continues to have low back pain and leg pain despite conservative treatment including two epidural steroid injections. The MRI shows multi level degenerative disk disease and the EMG shows L5 radiculopathy on the left. The patient continues to have pain on both sides of the back going down both legs. It is well established in the literature that facet joint pain can refer pain down the leg. It is also well established in the literature that facet joint pain cannot be diagnosed by history, clinical exam, imaging or diagnostic testing. The only way to definitively diagnose or rule out facet joint pain is with diagnostic fluoroscopically guided injections such as those requested.

This medical necessity decision by an Independent Review Organization 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 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** (ten) days of your receipt of this decision (28 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 a hearing should be sent to:  
Chief Clerk of Proceedings, Texas Worker's Compensation Commission, P O Box 40669,  
Austin, TX 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing this 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,

In accordance with Commission Rule 102.4 (b), I hereby certify that a copy of this Independent Review Organization (IRO) decision was sent to the carrier and the requestor or claimant via facsimile or US Postal Service from the office of the IRO on this 7th day of November 2002.