

October 22, 2002

Re: Medical Dispute Resolution  
MDR #: M2.03.0068.01  
IRO Certificate No.: IRO 5055

Dear

In accordance with the requirement for TWCC to randomly assign cases to IRO's. 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 Pain Management and Anesthesiology.

CLINICAL HISTORY:

The patient suffered an apparent lumbar spine work-related injury. She was diagnosed with lumbar radiculopathy, L4-5 disk herniation, and lumbar facet syndrome. She was treated with a series of three epidural steroid injections, physical therapy and work hardening. She apparently improved significantly and returned to work.

She returns now with increasing low back pain, dysesthesias of the lumbar back, and decreased left S-1 sensation. A MRI demonstrates disk herniation at L4-5, now 2-3 mm vs. 4 mm. The remainder of the study is negative; straight-leg raising tests are also negative.

DISPUTED SERVICE:

Denial of caudal epidural steroid injection with epidurography.

DECISION:

The reviewer agrees with the determination of the insurance carrier. Caudal epidural steroid injection with epidurography is not medically necessary.

RATIONALE FOR DECISION:

This patient has an essentially negative physical exam regarding lumbar radiculopathy. The left S-1 hypesthesia is not supported by any MRI findings. The MRI only demonstrates the previous L4-5 herniation which is now somewhat smaller and central without nerve impingement. No nerve root impingement is noted on this

study. Therefore, there seems to be little rationale or pathology addressed by the caudal steroid injection.

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 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  
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 22, 2002

Sincerely,