

NOTICE OF INDEPENDENT REVIEW DECISION

October 31, 2002

RE: MDR Tracking #: M2-03-0138-01
IRO Certificate #: 4326

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a ___ physician reviewer who is board certified in anesthesiology which is the same specialty as the treating physician. The ___ physician reviewer has signed a certification statement stating 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 the referral to ___ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This 41 year old male auto body shop employee sustained a work-related injury of ___ when lifting a fender off of an automobile. He developed back pain that radiated down his left leg to his left foot. The treatment plan has included therapeutic exercises and medications. The patient continues to complain of back pain. The treating physician's note, dated 08/07/02 indicates that the diagnosis is a bulging disc causing lumbar facet strain and has recommended bilateral lumbar facet blocks under fluoroscopy.

Requested Service(s)

Bilateral lumbar facet blocks under fluoroscopy

Decision

Is has been determined that bilateral lumbar facet blocks under fluoroscopy are medically necessary.

Rationale/Basis for Decision

Based on review of the information submitted for review bilateral lumbar facet blocks are medically necessary. Facet blocks are currently recommended for patients with low back pain who have not responded to directed conservative care for at least four weeks. In addition, North American Spine Guidelines (phase III) recommend facet blocks to facilitate active treatment or to assess the possibility of facet neurotomy. Therefore, the bilateral lumbar facet blocks are medically necessary.

This decision by the IRO is deemed to be a TWCC 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** (10) days of your receipt of this decision (20 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 hearing should be sent to: Chief Clerk of Proceedings, Texas Workers' Compensation Commission, P.O. Box 40669, Austin, Texas, 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 (Commission Rule 133.308 (t)(2)).

Sincerely,