

December 18, 2002

David Martinez  
TWCC Medical Dispute Resolution  
4000 IH 35 South, MS 48  
Austin, TX 78704

MDR Tracking #: M2 03 0220 01  
IRO #: 5251

\_\_\_ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this 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, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

This case was reviewed by a licensed Medical Doctor who is board certified in Family Practice and specializes in Occupational Medicine. The \_\_\_ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors 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 the dispute.

#### CLINICAL HISTORY

\_\_\_ injured his low back while lifting carpet. He felt immediate pain to the low back and was "paralyzed from head to toe." He was working at \_\_\_ in the plumbing department. He was treated with conservative methods, including medications and physical therapy. He had positive EMG studies, which revealed bilateral chronic S1 radiculopathy. In review of the medical records it appears that he was treated with epidural steroid injections. The report shows that on October 11, 2001 he was given fifteen percent (15%) whole person impairment from this injury. However, a Designated Doctor evaluation on January 29, 2002 gave him nine percent (9%) whole person impairment.

A FCE report on March 8, 2001 shows the recommendations that \_\_\_ is able to safely perform his job duty in the category of occasionally lifting 15 pounds (medium). He can return to work and function independently in the competitive labor market without accommodation.

Reviewing the records that are available does not show any note that documents \_\_\_ getting worse. However, there is a note from \_\_\_ dated July 23, 2002 which shows a chief complaint of persistent low back pain with radiation down both legs secondary to his work injury. The note states that he has not been evaluated for DRX treatment but longitudinal decompression definitely needs to be tried since he is not a physical candidate. He still has weakness in both legs and cannot stand for long periods of time. There is a letter from \_\_\_ dated August 19, 2002 in which he states that he is requesting an appeal for a trial of spinal decompression. \_\_\_ is currently working full time on light duty and is having difficulty with low back and bilateral leg pain. He rates his pain a 7/10, which is correlated with the positive MRI scan, EMG, orthopedic and clinical testing which validate his complaints of severe low back pain radiating down both legs.

#### REQUESTED SERVICE

The carrier has denied the medical necessity of DRX treatment.

#### DECISION

The reviewer agrees with the prior adverse determination.

#### BASIS FOR THE DECISION

The medical records that I have for review do not show any documentation of the need for DRX treatment except in a not from \_\_\_, dated July 23, 2002. That note shows a chief complaint, history of present illness, physical examination findings of the musculoskeletal system tested, impression and plan. However, the physical examination findings show only that there is tenderness of L3 through S1 with bilateral S1 tenderness. The next letter is from \_\_\_, dated August 19, 2002, although this is not a progress note and has no findings except for \_\_\_ stating that he is requesting an appeal for a clinical trial of spinal decompression for \_\_\_.

Therefore, based on the medical records available for review the decision is that there is no documentation to support the medical necessity of DRX spinal decompression.

\_\_\_ has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. \_\_\_ has made no determinations regarding benefits available under the injured employee's policy.

As an officer of \_\_\_, I certify that there is no known conflict between the reviewer, \_\_\_ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

\_\_\_ is forwarding by mail and, in the case of time sensitive matters by facsimile, a copy of this finding to the treating doctor, payor and/or URA, patient and the TWCC.

Sincerely,

## 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.

In the case of prospective *spinal surgery* decision, a request for a hearing must be made in writing and it must be received by the TWCC Chief Clerk of Proceedings within 10 days of your receipt of this decision. (20 Tex. Admin. Code 142.5(c)).

In the case of other *prospective (preauthorization) medical necessity* disputes 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, per TWCC rule 133.308(t)(2).