

NOTICE OF INDEPENDENT REVIEW DECISION

Date: November 18, 2002

Requester/ Respondent Address : Dr. S. Ali Mohamed, 5851 Southwest Freeway, Suite 523,
Houston, TX 77057

Kelly Boyd, R.N., Texas Association of School Boards, P.O.
Box 2010, Austin, TX 78768-2010
TWCC

RE: Injured Worker: _____
MDR Tracking #: M2-03-0281-01
IRO Certificate #: 5242

Forté 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 Forté for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

Forté 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 Physical Medicine/Rehabilitation physician reviewer who is board certified in Physical Medicine/Rehabilitation. The Physical Medicine/Rehabilitation 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

According to the medical records available, this lady was originally injured on ____ when she slipped and twisted, developing low back pain. she has undergone considerable amounts of medication, physical therapy, injections, pain management, and has been variously recommended for and against having lumbar surgery. She has undergone numerous injection procedures with no indication of any lasting benefit. A required medical examination dated 6/10/02 by the doctor indicates that additional treatment is no longer medically reasonable or necessary.

Requested Service(s)

Three transforaminal epidural steroid injections with bilateral nerve blocks at L5/S1.

Decision

I agree with the insurance carrier that the requested services are not medically reasonable or necessary. It is noted in the original denial that no medical justification for automatic series of three was medically reasonable or necessary. Additionally there was no necessity for any injection therapy to treat an eight year old back sprain with no evidence of significant pathology and significant evidence of symptom magnification. The clinical examination was noted to be normal for neurologic deficits and orthopedic changes. I would concur with this denial.

Rationale/Basis for Decision

After reviewing the original denial and reviewing the available medical information including the requesting doctor's examination and request for the additional injection treatment along with the recent required medical examination, I do not find that there is any indication that prior injection therapy for pain management has produced any significant benefit. There is no identification of neurologic or orthopedic deficits on the clinical examinations that would be likely to respond to the requested series of three transforaminal epidural steroid injections with nerve root blocks. There is no indication of the medical necessity identified.

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** (ten) 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,
cc:

In accordance with Commission Rule 102.4(h), 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 18 day of November 2002.

Signature of IRO Employee:

Printed Name of IRO Employee: