

THIS DECISION HAS BEEN APPEALED. THE FOLLOWING IS THE RELATED SOAH DECISION NUMBER:

SOAH DOCKET NO. 453-03-2973.M2

NOTICE OF INDEPENDENT REVIEW DECISION

March 31, 2003

RE: MDR Tracking #: M2-03-0368-01
IRO Certificate #: IRO4326

The ___ 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 patient sustained a work-related injury on ___ when he was driving an armored vehicle and it was struck from behind giving him a whiplash type injury to his neck. Electromyographic studies of 10/30/92 were indicative of C7 radiculopathy. Nerve conduction studies (NCS) EMG and somatosensory evoked potential (SSEP) studies performed on 03/04/93 indicated no electrodiagnostic evidence of cervical radiculopathy on either side, or peripheral neuropathy in either upper extremity. The patient continues to complain of occipital headaches and has been treated on several occasions with cervical epidural steroid injections and bilateral occipital nerve blocks. The treating physician is recommending that the patient undergo trigger point injections.

Requested Service(s)

Trigger point injections

Decision

It is determined that the trigger point injections are not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The patient has been treated with numerous occipital nerve blocks, which only give subjective short-term benefits. The trigger point injection is not significantly different in its treatment approaches. In addition, the patient has undergone only minimal conservative care such as physical therapy. The patient has not tried biofeedback. His coping mechanism and psychosocial issues have not been adequately explored. Therefore, the trigger point injections are not 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,

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 31 st day of March 2003.
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