

January 9, 2003

Re: Medical Dispute Resolution
MDR #: M2-03-0392-01
IRO Certificate No.: 5055

Dear:

In accordance with the requirement for TWCC to randomly assign cases to IROs, 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 below, 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 Osteopathic Medicine and Pain Management.

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.

Clinical History:

This female claimant injured her lower back on her job on ___, resulting in lumbar pain without significant radiation of pain to the legs or findings of radiculopathy on exam. A lumbar MRI on 08/08/01 demonstrated degenerative changes of the L3-4, L4-5, and L5-S1 discs with no findings of acute disc herniation, nerve root compression, or acute-type disc injury. EMG/NCV studies on 09/06/01 demonstrated no evidence of lumbar radiculopathy.

A four-level provocative discogram demonstrated normal morphology at L2-3 and L5-S1, with broad central annular tear, confined to the out limits of the annulus at L4-5, and a right paracentral annular tear, also confined to the outer limits of the annulus at L3-4 on CT scan. The provocative discogram itself demonstrated concordant pain at L3-4 and L4-5.

Based on these results, she underwent L3-4 and L4-5 endoscopic discectomy with annuloplasty on 04/18/02, resulting in relief of her low back pain. However, she continued to complain of pain over the left sacroiliac joint. She had a left sacroiliac joint injection on 07/16/02, which provided only very short-term moderate relief.

It should be noted that on 01/04/02, before the discogram and the endoscopic discectomy, it was documented that her physical exam findings were negative regarding the sacroiliac joint and that her sacroiliac pain had “resolved”. Two weeks later it was documented that there was no change in her left-sided back and hip pain. She was, however, handling full duty “without any significant problems and wishes to continue at that status.”

Disputed Services:

Sacroiliac joint injection.

Decision:

The reviewer agrees with the determination of the insurance carrier. The reviewer is of the opinion that the treatment in question is not medical necessary in this case.

Rationale for Decision:

There has never been any objective evidence of left sacroilitis, left sacroiliac dysfunction, or left sacroiliac injury in this claimant. It is clearly documented that the left sacroiliac joint injection performed on 07/16/02 provided an insufficient degree and duration of pain relief to justify repeating the injection.

The idea of a “series” of sacroiliac joint injections is clearly medically inappropriate and has no scientific basis. Accepted medical knowledge and literature clearly document that repeated steroid injections of a joint will inevitably lead to further deterioration and degeneration of the joint, actually making the clinical condition worse.

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 January 9, 2003.

Sincerely,