

March 25, 2003

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

MDR Tracking #: M2-03-0734-01
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.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Medical Doctor with a specialty and board certification in Orthopedic Surgery. 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

___ is a 67-year-old gentleman, an aide who assists special education students on school buses. He sustained injury to his back while fastening a wheelchair belt on ___. He had immediate pain in his lower back associated with muscle spasm. He originally had no pain down the leg, but he then did develop some pain that would radiate down his left leg.

This patient has a history of prostate cancer and several physicians are following him for his prostate cancer. The record indicates that there has been no known bone metastasis, but the x-rays have revealed a significant L4 compression fracture that was there before this present injury occurred. Also, the reports on the x-rays reveal that he has a significant amount of osteoporosis in his lumbar spine. The records state also that he has had an activation of the prostatic cancer at least on the blood tests. This may mean that his PSA has gone up.

___ continued to have pain in his back and his MRI and x-ray studies revealed degenerative changes with spinal stenosis and evidence of the old compression fracture. The patient was referred to ___, who has requested approval for two epidural steroid injections to relieve his back pain. The insurance carrier has not approved these injections.

REQUESTED SERVICE

Lumbar epidural steroid injections are requested for this patient.

DECISION

The reviewer agrees with the prior adverse determination.

BASIS FOR THE DECISION

The injections are being requested for primarily axial pain with no definite radicular pain. The imaging studies demonstrate the fact that the patient already has osteoporosis and the steroid injections will probably not help that particular problem. The records indicate that there has been an activation of the prostate cancer. If the lesion in the fourth lumbar vertebra is metastatic, the epidural steroid injections would be contraindicated. Hence, the reviewer agrees with the carrier in this situation. The reasoning for not approving the epidural steroid injections primarily involves the fact that there is a suspicion that this patient's back pain may be due to metastatic prostate cancer.

___ 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).

<p>I hereby certify, in accordance with TWCC Rule 102.4 (h), that a copy of this Independent Review Organization decision was sent to the carrier, requestor, claimant (and/or the claimant's representative) and the TWCC via facsimile, U.S. Postal Service or both on this 25th day of March 2003.</p>
