

NOTICE OF INDEPENDENT REVIEW DECISION

April 28, 2003

RE: MDR Tracking #: M2-03-0737-01
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 pulling a pin on the tandem of his truck and experienced back pain. He was diagnosed with lumbar strain and started on physical therapy. An MRI of the lumbar spine performed on 07/29/02 revealed a moderate diffuse annular bulging at L4-5 level, with disc space desiccation and some narrowing of the left L4-5 lateral recess. There was also mild diffuse annular bulging at L5-S1 level abutting the left S1 nerve root. The patient has undergone epidural steroid injections and lumbar facet joint injections on the right side at L4-5 and L5-S1. The treating physician has recommended that the patient undergo sacroiliac joint injections.

Requested Service(s)

Sacroiliac joint injections

Decision

It is determined that the sacroiliac joint injections are medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The medical record documentation indicates that the patient is experiencing pain over the S1 joint. Radiation into the thigh is classic for S1 pain. The patient's pain is worse with extension and Patrick's maneuver is positive. Studies have shown that 13-30% of back pain symptoms can be from the S1 joints. S1 injections are indicated in the North American Spine Society Clinical Guidelines Phase III – Unremitting low back pain (LBP). The guidelines also suggest physical therapy after injections as a proven method to increase results. Therefore, it is determined that the sacroiliac joint injections are 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 28 th day of April 2003.
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