

May 2, 2003

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

MDR Tracking #: M2-03-0868-01
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 in pain management and board certification in anesthesiology. 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

___ was involved in a motor vehicle accident while at work on ___. He was the driver of a pickup truck that was involved in a collision with an 18-wheeler. ___ suffered fractures of the right tibial plateau and left calcaneus that required surgical repair by ___ on 6/9/02. At the time of injury, he also complained of back pain and was found to have a vertebral fracture at L3 with 30% loss of height and possible retropulsion of posterior vertebral body fragment. No other fractures, subluxation, dislocation or lesion were noted. The patient had a lumbar CT scan performed on 12/20/02 that showed fracture of the L3 vertebral body, as well as degenerative disc bulges at L4/5 and L5/S1 causing "at most mild canal stenosis." There was no evidence of disc herniation or definitive evidence of neural compression at any level. The patient has been seen by ___ for his continuing lumbar pain without radicular symptoms. ___ has recommended lumbar facet injections from L2/3 through L5/S1. This recommendation was made on 1/24/03. The patient was also seen by ___ at the request of ___ on 3/24/03 for lumbar pain. ___ performed L3 percutaneous vertebroplasty on 4/14/03 at the L3 level. There is not documented follow-up of the results for that procedure.

REQUESTED SERVICE

A lumbar discogram and lumbar facet injections are requested for this patient.

DECISION

The reviewer agrees with the prior adverse determination.

BASIS FOR THE DECISION

This patient has only two weeks ago had an L3 vertebroplasty to treat his lumbar pain. There has not been sufficient time to determine whether he continues to have pain, nor any documentation of follow-up for that procedure. Moreover, there is no objective evidence of facet pathology on the claimant's MRI to justify facet joint injections at four levels. ___ alleges that the force of the collision may have damaged the discs above and below the vertebral fracture at L3. However, mechanistically, this is unlikely, as the force of the injury clearly caused fracture of the L3 vertebral body. Therefore, there would be no expected force transfer to the L2/3 or L3/4 discs as the force transfer clearly occurred to the vertebral body, causing fracture. There is evidence only of mild lumbar degenerative disc disease at L3/4 and L4/5.

Since this patient has not had follow-up for the vertebroplasty procedure that was supposedly done to relieve his lumbar pain, and there is no evidence of facet or disc pathology on objective studies that would require invasive treatment, there is no medical necessity for performing lumbar facet injections or multi-level discography at this time.

It would not be medically reasonable, necessary or justifiable to perform lumbar facet injections and discography, either concurrently or sequentially, without knowing the results of one or the other procedure before proceeding onto a second procedure. In other words, if either injection were to be performed, the results of that procedure would need to be known before the other procedure should be performed.

However, in this case, neither procedure is medically reasonable or necessary at this time for the reasons discussed above.

___ 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).

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 2nd day of May 2003.