

NOTICE OF INDEPENDENT REVIEW DECISION

Date: June 4, 2003

RE: MDR Tracking #: M2-03-0889-01

IRO Certificate #: 5242

___ 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 an anesthesia and pain management physician reviewer who is board certified in anesthesia and pain management. The anesthesia and pain management 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

The claimant is a twenty-eight (28) year old gentleman who reported pain in his back after reportedly moving multiple heavy objects including cases of water and cat litter. The claimant did not specify any one (1) event that caused onset of his pain but noted it after an entire day of work. His first evaluation on 04/19/02 states he complained of back pain but does not specify his pain location. He underwent lumbar spine series which showed an old compression fracture of the superior endplate of L1. He was seen by ___ on April 29th with complaints of upper back pain. Range of motion of the lumbar spine was normal and no pain was reported in the lumbar spine. A note from 05/13/02 says "without complaint in lumbar spine", a note from June of 2002 says lumbar spine range of motion normal with no complaints. The claimant eventually had an MRI of thoracic spine which showed a slight compression deformity around T12/L1 level and it does not say anything more specific than that. There is a minimal bulge at T6-7 with no cord compromise. The claimant has been evaluated by multiple different physicians at different times with varying different complaints of pain, including pain just in the thoracic spine to areas including neck, thoracic, lumbar, bilateral hips and bilateral arms. Recommendations have been for physical therapy, oral medications. It has also been requested he undergo epidural steroid injections at some point, thoracic and lumbar facet joints have been recommended along with costovertebral blocks and intercostal nerve blocks. The claimant did undergo a review of March of 2003 for the same work injury. The reviewer at that time found multiple non-organic findings and felt over-exaggeration and possibly psychosomatization were a part of this gentleman's pain complaints. He has also suffered from depression which has been recorded as reactive to his current pain symptomatology.

Requested Service(s)

Facet blocks times three (3).

Decision

I agree with the insurance carrier that lumbar facet blocks, a series of three (3), are not medically necessary.

Rationale/Basis for Decision

The claimant's injury was more compatible with a muscle or ligament strain as opposed to a traumatic injury to his back as it recurred over a full day of work and not with one traumatic episode. His main pain complaints have been localized to the thoracic spine for the majority of his visits with the physicians. The lumbar pain was not present, that I can tell, until around August, which would have been four months after his initial pain complaints. There is no good documentation that a facet arthropathy is causing the majority of his pain. The medical notes I have talk mostly of myofascial pain in the thoracic area with a small amount in the lumbar area. Again, a majority of this claimant's pain complaints are documented to be thoracic and not lumbar in origin. The claimant also suffers from depression. He had a medical history of anxiety prior to the injury. He also has shown possible psychosomatization and over-exaggeration of pain complaints.

In conclusion, I find the request for lumbar facet blocks to be not medically necessary or reasonable for this gentleman's injury, which is mainly thoracic pain and mostly myofascial in origin.

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** (ten) 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)).

This decision by the IRO is deemed to be a TWCC decision and order.