

June 17, 2003

Re: MDR #: M2-03-0966-01

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 above, 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 Psychiatry and Neurology, specializing in Neurology.

Brief Clinical History:

This 26-year-old female suffered the onset of low back pain following a work-related injury on ____. A chiropractor has directed the majority of her evaluation and care. She has received physical therapy and multiple medical and surgical evaluations. Physicians treated her with narcotics, muscle relaxants, steroid tapers, and lumbar epidural steroid injections. She did seem to have some relief initially following the lumbar epidural steroid injections, but this later became ineffective.

Two chiropractors and several different physicians felt that a lumbar facet syndrome might explain the patient's symptoms. However, laboratory evaluation did not support this diagnosis. She had a normal EMG of the lower extremities and an unrevealing lumbar CT myelogram. MRI of the lumbar spine revealed no disease in the lumbar facet joints. A chiropractor's reading of a single plain film x-ray of the lumbar spine showed L5-S1 facet arthrosis.

The neurosurgeon who evaluated her felt that, based on her history and examination, she would benefit from a trial of facet injections for her pain. He felt she had a lumbar facet syndrome and planned to inject bilateral lumbar facets at L3-4, L4-5 and L5-S1.

Disputed Services:

Two bilateral lumbar facets at L3-4, L4-5 and L5-S1.

Decision:

The reviewer disagrees with the determination of the insurance carrier. The reviewer is of the opinion that these lumbar facet injections are medically necessary in this case.

Rationale for Decision:

This patient clearly has seen multiple medical professionals, many of whom, based on the physical exams and clinical history provided, felt that she would benefit from a trial of lumbar facet injections.

She had received previous conservative care with oral pain medications, lumbar epidural injections, and physical therapy, with no success.

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 care 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.

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 June 17, 2003.

Sincerely,