

June 13, 2003

Re: Medical Dispute Resolution
MDR #: M2-03-1066-01

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 Pain Management.

Brief Clinical History:

This male claimant felt “something pull in his back” when he was injured at work on ___. He developed low back pain radiating down the lateral aspect of the right leg with numbness and tingling throughout the right leg. A lumbar MRI on 09/16/02 demonstrated a 4-5 mm posterior disc protrusion to the right at L5-S1, markedly narrowing the right foramen with displacement of the emanating right L-5 nerve root sleeve. No evidence of prior surgery or epidural adhesions was noted on the study.

Epidural catheterization for multi-level epidural steroid injection and multi-level lysis of adhesions was performed on 01/17/03. In follow-up on 03/24/03, the doctor documented a continuing pain level of 6/10, with radiation of pain from the low back into the right lower extremity. He was documented as having undergone the first epidural steroid injection in January 2003, which resulted in “excellent relief of pain with the first injection”. No documentation was provided of the patient’s initial visit or his initial pain level.

Also on 03/24/03, another physician saw the patient and documented that he reported “no relief” from the epidural steroid injection on 01/17/03. This physician demonstrated normal strength, tone, coordination, reflexes, and sensation in both lower extremities, with positive straight-leg raising bilaterally at 45 degrees. He documented completely normal lumbar range of motion in flexion, extension, and lateral bending. This physician recommended a repeat MRI “because the last image was fuzzy.”

It is noted that on the same date the treating physician reported limitation of movement in flexion, extension, and lateral bending, decreased motor strength, normal reflexes, and hypersensitivity over the L-5 and S-1 dermatomes.

Pharmacy records indicate that the patient not only continued to be prescribed the exact same amount of medication (hydrocodone, Soma, and Lodine) following the epidural steroid injections as he received before the injections were performed, but long-acting morphine was added on 03/25/03.

Disputed Services:

Transforaminal epidural steroid injections X2, bilateral, at L-4, L-5, and S-1.

Decision:

The reviewer agrees with the determination of the insurance carrier. The reviewer is of the opinion that the steroid injections are not medically necessary in this case.

Rationale for Decision:

MRI demonstrates no evidence of nerve root pathology involving L-4 or S-1, only displacement of the right L-5 nerve root sleeve. There was no evidence of any adhesions that would require epidural adhesiolysis. The independent evaluation by the second physician clearly documents normal physical exam findings and the claimant's report of no relief following identical injections on 01/17/03.

Given the lack of significant pathology involving L-4 and S-1, and the independent evaluation documenting normal physical examination of the low back and lower extremities, as well as no relief reported from an identical procedure on 01/17/03, there is no valid reason to repeat previously unsuccessful treatment.

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 13, 2003.

Sincerely,