

July 3, 2003

Re: Medical Dispute Resolution
MDR #: M2-03-1094-01
IRO Certificate No.: 5055

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.

Clinical History:

This female claimant was injured at work on ____. Her pain did not involve any traumatic injury, but began and progressed over a day while doing normal work activities. A lumbar MRI on 04/17/01 demonstrated disc degeneration at L4-5 with a small 2-3 mm bulge causing "no definitive evidence of neuroforaminal compromise". In addition, a 4-5 mm right bulge at L5-S1 neuroforaminal stenosis due to posterior facet hypertrophy, was not significantly changed since the previous study of 04/17/01. A small central disc bulge, unchanged, at L4-5.

Documentation indicates that the claimant is morbidly obese. She underwent a series of three transforaminal bilateral L-5 and S-1 selective nerve root injections in June and July 2001. These were followed by right and then left facet and sacroiliac joint injections. She continued to complain of lumbar pain, and eventually a return of lower extremity pain.

A Functional Capacity Evaluation (FCE) on 02/25/03 was deemed to be completely invalid due to numerous inconsistencies, claimant's self-limiting participation on 15 out of 20 tasks, and self-asserted inability to carry more than 16 pounds, despite no difference in ability to carry one-handed or two-handed.

The treating doctor consistently requested multi-level lumbar discography throughout 2002, up until 02/19/03, with this procedure being repeatedly denied.

Disputed Services:

A series of three transforaminal lumbar epidural steroid injections at levels of bilateral 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 injections in question are not medically necessary in this case.

Rationale:

No objective evidence was presented of any spinal cord or nerve root impingement on either of the two MRI's done to evaluate this claimant. Furthermore, the claimant has consistently demonstrated symptom magnification and functional overlay, with clear evidence on her FCE of willful, voluntary lack of effort. There is no medical indication for performing transoraminial epidural steroid injections at the levels named in the absence of any definitive L-4, L-5, or S-1 nerve root pathology or compression.

Essentially, this claimant has subjective complaints which are not substantiated or corroborated by objective tests. There is no medical necessity for treating solely subjective complaints in the absence of objective evidence of anatomic pathology supporting those complaints. Moreover, these identical procedures were performed in June and July 2001, and were proven to not be effective.

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 May 14, 2003.

Sincerely,