

## NOTICE OF INDEPENDENT REVIEW DECISION

**Date:** June 18, 2003

**RE: MDR Tracking #:** M2-03-1110-01  
**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 was injured on \_\_\_\_ while working at \_\_\_\_ in their auto department. The claimant slipped landing on his back and buttocks. He was initially evaluated and complained of back pain with numbness and tingling in the bilateral legs and feet. Motor and sensory exams were nonfocal in their findings and deep tendon reflexes were normal. X-rays at the time showed narrowing of the L5-S1 interspace normal. Alignment in the facet joints appeared normal. The claimant progressed to having an MRI of the lumbar spine done in October. It showed no abnormality from T12/L1 down to the L2-3 level. There were two to two and a half millimeter bulging discs at L3-4, L4-5 and L5-S1. There was slight to moderate central canal stenosis at the L4-5 level secondary to facet joint and ligamentum flavum hypertrophy. The claimant underwent a caudal catheter epidurogram followed by bilateral L5 and S1 transforaminal epidural steroid injections by \_\_\_\_\_. A note two weeks later states that his pain was 50% decreased, but he still had radiation in his legs bilaterally. A note from \_\_\_\_ on 01/07/03 states the claimant "reports no significant relief from the first injections". The claimant underwent a second epidural injection on 01/16/03. On 01/22/03 \_\_\_\_ note reports 40% relief. A \_\_\_\_ saw the claimant on 02/04/03 and states "two days relief at the most with each of the two injections". Again, \_\_\_\_ saw the claimant on the 19<sup>th</sup> and again reported 50% relief. \_\_\_\_ saw the claimant on 02/20/03 and stated the injections provided 20% - 30% relief at maximum. He also found the claimant to be "pain focused and show signs of anxiety and depression". A \_\_\_\_ saw the claimant in March of 2003 and reports the injections left the claimant unimproved and perhaps slightly worse. A note from \_\_\_\_ on 4/10/2003 again recorded on temporary relief from the injections.

Both of these physicians described a normal neurological exam and straight leg raising negative. \_\_\_ also found straight leg raise in the seated position normal and positive at 30° supine, along with multiple Waddell signs.

### **Requested Service(s)**

A transforaminal lumbar epidural steroid injection bilaterally at L4, L5 and S1.

### **Decision**

I agree with the insurance carrier that the above requested procedures are not medically necessary or medically indicated.

### **Rationale/Basis for Decision**

The claimant suffered a fall. MRI and lumbar spine films demonstrate only degenerative changes and mildly at three levels. There is no evidence of neurological impingement. Throughout the next seven months his physical exam has changed repeatedly with no consistency to it. Most exams document normal neurological findings. There have been inconsistencies with multiple positive Waddell signs and also discrepancy between seated and supine straight leg raising for reproduction of pain. More importantly, the claimant has undergone two of the above requested procedures with no significant pain relief long term. Although, \_\_\_ notes suggest 40% - 50% of relief, the claimant was not returned to work nor was his medication decreased. Notes from three to four other physicians have described little to no relief lasting and if relief occurred it lasted no more than several days. This would be consistent with an ineffective treatment modality. Therefore, repeating this modality is not indicated. In conclusion imaging studies have demonstrated no nerve impingement; physical exam has been inconclusive, inconsistent, and demonstrates non-organic signs; and previous epidural steroid injections have not significantly reduced pain or improved function.

## **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.