

NOTICE OF INDEPENDENT REVIEW DECISION

Date: June 11, 2003

RE: MDR Tracking #: M2-03-1112-01
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 while working at an animal shelter. She states she was jerked while walking a rather large dog weighing seventy-five to eighty pounds. Since then, she has had complaints of pain in the back bilateral lower extremities. MRI scans in April of 2003 showed degenerative change at L3-4 and L4-5 with two to three millimeter shallow disc bulging. Anteroposterior and lateral views of the lumbar spine showed mild spondylosis and facet arthropathies from L3 down to S1. Maintenance of normal disc height and curvature was seen. A myelogram from October 2002 shows a small broad based left posterior lateral protrusion at L4-5. The L4-5 level shows some minimal facet hypertrophy bilaterally. There is a subtle underfilling of the left L5 nerve sleeve but felt this was more than likely a feeling phenomenon as CT scan did not demonstrate any mechanical impingement of the L5 nerve root. The claimant has failed conservative therapy, involving oral medications and physical therapy.

Requested Service(s)

Bilateral lumbar facet injections and sacroiliac injections two (2) times.

Decision

I agree with the insurance carrier that the above requested services are not medically necessary.

Rationale/Basis for Decision

Although the claimant does have some very subtle degenerative changes of the lumbar spine by MRI, CT and plain films, her symptoms are out of proportion to what is seen on any of these studies. Her symptoms also tend to change dramatically on a day to day basis. She has also been found to have multiple Waddell signs, another example of over exaggeration of her symptom magnification. The recent exams have been of no help in determining the source of her pain as every maneuver and/or test is positive for pain, again I feel that this points toward symptom magnification and over exaggeration of her complaints. Her mechanism of injury is not what I would expect to result in a sacroiliac joint dysfunction. It may possibly cause some very minor facet abnormalities. Again, it is hard for me to explain the extent of her complaints, her physical exam findings and changing symptoms from the mechanism of her injury and also the minimal findings on the diagnostics studies. It is my opinion that most of her symptoms are over exaggeration or magnification of complaints and are not related to true mechanical pain. Therefore, it is unlikely that any injections will alleviate her complaints.

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 (pre-authorization) 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.