

July 10, 2003

Re: Medical Dispute Resolution  
MDR #: M2-03-1154-01  
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.

**Brief Clinical History:**

This 30-year-old male claimant strained his back in a work-related accident on \_\_\_\_. He suffered a sudden onset of pain and was taken to the emergency room, evaluated, and released without x-rays taken, with analgesic medications. The patient reports continuing aching pain in the area of the lumbosacral junction with radiation to the buttock, at times to the left side, and to the right side, approximating the gluteal fold. He has received epidural steroids on one occasion at the end of March 2003, with no significant pain relief.

Medical reports vary as to the outcome of the events. The treating doctor reported on 04/08/03, that the patient noted 10% pain relief, that pain only radiated to the left gluteal fold, that straight-leg raises were negative. He could toe- and heel-walk without difficulty, and had mild weakness of the left dorsiflexors. His sensation was intact, and his deep tendon reflexes were normal reflexic. This matches the report of a treating chiropractor on 01/02/03 who reported that the bilateral lower extremities had normal strength, that straight-leg raises were unremarkable bilaterally, that the deep tendon reflexes were normal reflexic, and sensation was intact.

However, the reports of the Pain Management specialist state the following:

Pain Relief: 04/02/03–50%, 04/30/03–50%, and 05/21/03–10%.

Straight-leg raises positive bilaterally at: 04/02/03-70 degrees, 04/30/03-50 degrees, and 05/21/03-50 degrees.

Deep tendon reflexes, bilateral knee/ankle: 04/02/03-3/5 (fair), 04/30/03-3/5(fair), and 05/21/03-3/5 (fair).

**Disputed Services:**

Transoraminial lumbar epidural steroid injection bilateral L5 and possible lysis of adhesion.

**Decision:**

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

**Rationale:**

There is significant conflict in reported physical findings among the three examiners in terms of pain relief, neurological deficits, and location/distribution of back pain. Unfortunately, the documentation does not include a procedure note by the Pain Management specialist regarding any adhesions noted during radiographic evaluation of the first transforaminal epidural steroid injection.

The patient has multiple pain complaints, including those compatible with lumbar facet syndrome, bilateral sacroiliac joint dysfunction, lumbosacral/buttock myofascial pain, and perhaps lumbar radiculopathy. As noted, there is significant conflict among examiners, as well as the lack of electromyographic study without nerve conduction of bilateral lower extremities and lumbosacral paraspinal muscles, to determine if there is, in fact, a lumbosacral radiculopathy.

I am 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 10, 2003.

Sincerely,