

## NOTICE OF INDEPENDENT REVIEW DECISION

**Date:** July 2, 2003

**RE: MDR Tracking #:** M2-03-1267-01  
**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 Anesthesiologist\Pain Management physician reviewer who is board certified in Anesthesia\Pain Management. The Anesthesiologist\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**

This claimant noted neck and arm pain on the job while lifting a heavy object on \_\_\_. He has persistent neck and shoulder pain after conservative therapy which includes chiropractic care. A cervical MRI was reported by \_\_\_ to show a central disc herniation at C6/7 along with bilateral neural foraminal stenosis at both C6/7 and C5/6. Electrodiagnostic studies revealed prolonged latency of the C7 and C8 dermatomes. A cervical epidural steroid injection was performed in February which provided no relief.

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

Series of three cervical epidural steroid injections. There is some indication that catheter placement is also requested.

### **Decision**

I agree with the insurance company that a series of three epidural steroid injections is not medically necessary.

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

This individual does have a herniated disc and has neck and intermittent arm pain. Therefore, epidural steroids are reasonable. Since he has failed one injection, there is no indication for a series of three epidural steroid injections. It would be reasonable to perform a second injection and, if he achieved improvement from that injection, then a third one would be reasonable.

However, to automatically perform three epidural steroid injections is not reasonable nor is it consistent with the standard of care. There is no indication for performing injections one week apart. That is not consistent with the duration of the injectable steroids. There is also no indication for the steroid injection to be “reinforced with a spinal epidural catheter”. There is no indication in the literature that placing a spinal catheter provides enhanced efficacy in a patient who has not had previous spine surgery.

### **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.