

## NOTICE OF INDEPENDENT REVIEW DECISION

July 8, 2003

MDR Tracking #: M2-03-1297-01  
IRO Certificate #: IRO 4326

\_\_\_ 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 a \_\_\_ physician reviewer who is board certified in neurosurgery which is the same specialty as the treating physician. The \_\_\_ 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 patient sustained an injury on \_\_\_ while on duty as a police officer. He is very tall and had to duck his head to exit his squad car. He felt a "pop" in the mid to low back followed by pain. The patient went to a chiropractor for initial treatment and later to pain management and had a lumbar epidural steroid injection series which did not help. A post-discogram dated 03/28/03 revealed a central tear at L4-5 and L5-S1 central protrusion with degeneration and possible stenosis. On physical exam, the patient exhibits positive signs and symptoms of lumbar radiculopathy and facet syndrome.

### Requested Service(s)

Bilateral facet injections at L3-4, L4-5, and L5-S1

### Decision

It is determined that the proposed bilateral facet injections at L3-4, L4-5, and L5-S1 are medically necessary to treat this patient's condition.

Rationale/Basis for Decision

Based on the clinical record, it appears as if this patient has pain arising from the disc and not the facet joints, making the use of facet joint injections somewhat questionable. However, the only other option is a surgical procedure to fuse the patient's back. Every conservative step should be taken prior to a surgical procedure. So in the patient's best interest, the facet blocks are indicated. Therefore, it is determined that the proposed bilateral facet injections at L3-4, L4-5, and L5-S1 are medically necessary.

This decision by the IRO is deemed to be a TWCC decision and order.

**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** (10) 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.

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)).

Sincerely,