Texas Medical Foundation

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NOTICE OF INDEPENDENT REVIEW DECISION

September 9, 2003

Requestor

Donald L. Kramer, MD
Attn: Brenda or Delores
1910 Runnels
Harlingen, TX 78566

Respondent

Texas Mutual Insurance Co.
Attn: Ron Nesbitt
221 W. 6th Street, Suite 300
Austin, TX 78701

RE: Injured Worker:
MDR Tracking #: M2-03-1613-01
IRO Certificate #: IRO4326

The Texas Medical Foundation (TMF) 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 TMF for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

TMF 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 TMF physician reviewer who is board certified in family practice which is the same specialty as the treating physician. The TMF 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 TMF 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 injured his low back while carrying a box of ceramic tile on ___. He slipped in the mud and landed in a twisted position. An MRI dated 12/09/98 revealed desiccation and posterior bulge that effaces the thecal sac at L5-S1. He saw a chiropractor for treatment but stated it did not improve his pain. The patient went to pain management physician and had three lumbar epidural steroid injections with 30-40% relief.

Requested Service(s)

Bilateral lumbar median branch block injections under fluoroscopy

Decision

It is determined that the proposed bilateral lumbar median branch block injections under fluoroscopy are medically necessary to treat this patient's condition.

Rationale/Basis for Decision

Dictation provided for date 05/07/03 clearly states pain is non-radicular and axial, radiating to the hips only (not radicular), worse with hyperextension, and shows positive Patrick's sign. All are consistent with posterior element pain such as facet joint or spondylolysis pain. Dictation also states facet blocks are to be done in conjunction with active rehabilitation.

Facet neurectomy can be very useful in patients with spondylolysis pain.

Facet blocks are currently used for patients with lower back who have not responded to directed conservative care for 4-weeks. North American Spine Society Guidelines (phase 3) recommend facet blocks to facilitate active treatment or to access the possibility if facet neurotomy. Medicare LMRP guidelines recommend facet blocks in patient without strong radicular components. Therefore, it is determined that the proposed bilateral lumbar median branch block injections under fluoroscopy 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. **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)).

Sincerely,

Gordon B. Strom, Jr., MD
Director of Medical Assessment

GBS:vn

cc: Injured Worker
Program Administrator, Medical Review Division, TWCC

In accordance with Commission Rule 102.4 (h), 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 this 9th day of September 2003.

Signature of IRO Employee:

Printed Name of IRO Employee: