

MDR Tracking Number: M2-03-1643-01
IRO Certificate# 5259

September 15, 2003

An independent review of the above-referenced case has been completed by a doctor board certified in physical medicine and rehabilitation. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by ____, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

___ hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to ___.

CLINICAL HISTORY

This is a gentleman who was working as a grocery stocker and reportedly sustained a lumbar injury while working on a ladder. Later on the story changed that the claimant developed acute lumbar pain after falling off a ladder. Initial treatment was conservative, to include chiropractic. Imaging studies were normal and no specific pathology was identified. Electrodiagnostic studies were noted as normal. Over the first several weeks the complaints of pain traveled up and down the spine. Additionally, there are reported several additional falls. Eventually a diagnosis of multiple level facet joint disease was made. After the diagnosis was made, the primary treating physician continued to note lumbar muscle and lower extremity complaints. The RME assessment noted that lower extremity sensory changes were elicited with palpation of the SI joints. Moreover, there were multiple positive Waddel's signs.

REQUESTED SERVICE (S)

Prospective medical necessity of a L1-S1 bilateral facet joint block

DECISION

Multiple level facet blocks are not reasonable and necessary care for the injury.

RATIONALE/BASIS FOR DECISION

This is a gentleman who has sustained three separate injuries, and no specific pathology could be identified. The imaging study, the EMG and every other physical examination parameter does not report any clinical evidence that the facet joint was injured or requires injection therapy. With the literature pointing to a less than efficacious response to such a procedure, with the exact mechanism of injury being different to different providers and with the RME provider noting that palpation of the SI joints causing a lower extremity sensory change, there is a strong element of a symptom magnification that needs to be addressed. Beyond the multiple Waddel's, the non-dermatomal and non-diagnostic findings reported by the claimant lead one away from any additional treatment. Based on the clinical information presented by the requestor, the long-time treating chiropractor and the RME, there simply is no objective and independently confirmable medical evidence to support this request.

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) calendar days of your receipt of this decision (20 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 **20** (twenty) calendar 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 or the date of fax (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings/Appeals Clerk
Texas Workers' Compensation Commission
P.O. Box 17787
Austin, Texas 78744

Or fax the request to (512) 804-4011. A copy of this decision must be attached to the request.

The party appealing the decision shall deliver a copy of its written request for a hearing to the opposing party involved in the dispute.

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 15th day of September 2003.