

## NOTICE OF INDEPENDENT REVIEW DECISION

**Date:** October 2, 2003

**RE: MDR Tracking #:** M2-03-1819-01  
**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 Anesthesia/Pain Management physician reviewer who is board certified in Orthopedic Surgery and has ADL certification. The Anesthesia/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 53 year-old female injured her back on-the-job on \_\_\_\_. She has pain in the low back, left hip and left lower extremity. The records reviewed are records from \_\_\_ and \_\_\_\_. The records are unclear as to exactly where in the left lower extremity her pain resides. Some notes describe radiation to the left calf, others describe the radiation to the left hip and left knee. An MRI shows lumbar spondylosis with possible left L3 nerve impingement. The patient had a lumbar facet and sacroiliac injections with alleged improvement, but her symptoms persist.

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

A series of three (3) lumbar epidural steroid injections are requested.

### **Decision**

I agree with the insurance carrier that a series of three (3) lumbar epidural steroid injections are not medically necessary.

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

It is unclear as to where the pain is in her left leg. There is evidence of lumbar spondylosis at multiple levels. There may be some nerve root irritation with standing and walking. Therefore, a single lumbar epidural steroid injection would be reasonable, necessary and related to the compensable injury. The claimant could be followed closely to determine if efficacy occurs. If so, then a second, and then a third lumbar epidural steroid injection would be reasonable. It is

not medically necessary to automatically perform a series of three lumbar epidural steroid injections.

**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 (28 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) calendar days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings / Appeals Clerk  
P.O. Box 17787  
Austin, Texas 78744  
Fax: 512-804-4011

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