



Texas Medical Foundation

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NOTICE OF INDEPENDENT REVIEW DECISION

August 4, 2004

Requestor

Gerardo Rosalez
P.O. Box 972682
El Paso, TX 79997-2682

Respondent

Texas Council Risk Management
Attn: Julia Brantley
P.O. Box 26655
Austin, TX 78755-0655

RE: Injured Worker:
MDR Tracking #: M2-04-1575-01
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, by the American Board of Family Practice, licensed by the Texas State Board of Medical Examiners (TSBME) in 1976, and who provides health care to injured workers. This 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 44 year-old male injured his neck and back on 06/__/03 while lifting heavy boxes. He continues to complain of pain to the lower back, neck and foot, and his diagnoses are listed as lumbar sprain, disc displacement, thoracic sprain, and arthritis of the foot. A magnetic resonance imaging study done on 10/03/03 shows degenerative disc disease in the lumbar-sacral area without canal or foraminal stenosis.

Requested Service(s)

Lumbar epidural steroid injection

Decision

It is determined that the lumbar epidural steroid injection is not medically necessary for this patient's condition.

Rationale/Basis for Decision

This is a 44 year-old male with a date of injury of 06/11/03. He has had multiple evaluations including computed tomography (CT) and electromyogram (EMG). There is documentation of mild EMG changes to the left leg, but he complains of both legs having pain associated with them. It is noted in the medical record provided that the patient is able to perform activities of daily living without problems.

There was conflict in documentation about epidural steroids in the medical record received. On numerous occasions the attending physician states that the patient received injections and that there were plans for a third dose. However, later it is stated this was incorrect and that the patient received no epidural steroid injections.

An examination noted atrophy of muscles in the upper leg but the report did not note why this was not thought to be secondary to his club foot problem and multiple surgeries.

The x-ray and EMG results do not support the need for epidural steroid injections. Therefore, the lumbar epidural steroid injection is not medically necessary for this patient's condition.

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** (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 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, Fax: 512-804-4011.

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

Sincerely,

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

cc: 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 4th day of August, 2004.

Signature of IRO Employee:

Printed Name of IRO Employee: