

NOTICE OF INDEPENDENT REVIEW DECISION

Date: October 20, 2003

RE: MDR Tracking #: M2-04-0090-01
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 a Neurosurgeon physician reviewer who is board certified in Neurosurgery and has an ADL Level 2. The Neurosurgery 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 claimant has had back pain for some time. In 2002 she underwent lumbar spine surgery to include a fusion at the L4-5 interspace. She has persisted in having back pain of a non-description and poorly localizing and radiating manner since that time. Her neurosurgeon, ___ has requested authorization to perform epidural steroid injections (epidural steroid injection) on this claimant and it has been denied.

Requested Service(s)

Lumbar epidural steroid injections using fluoroscopy.

Decision

I agree with the insurance carrier that this procedure is not medically necessary.

Rationale/Basis for Decision

This claimant earlier in this year had a series of epidural steroid injection with mixed relief, principally primarily with no improvement. At least most of the records indicate that. In addition, because she had had surgery in the lumbar area, her epidural space is partially obliterated with scarring and there is no way to determine accurately where the steroid would actually go. Under these circumstances epidural steroid injections have not been shown to be effective in the post-surgical state.

YOUR RIGHT TO REQUEST A HEARING

Either party to 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 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.