

NOTICE OF INDEPENDENT REVIEW DECISION

Date: December 15, 2003

RE: MDR Tracking #: M2-04-0223-01
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 Anesthesiologist physician reviewer who is board certified in Anesthesiology and has an ADL Level 2. The Anesthesiologist 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.

Case History:

The claimant was injured on ___ at which time he slipped on an air hose, falling, causing injury to his neck and back. The claimant has had complaints of back pain previous to this from prior injuries in ___. In August of 1995, according to the notes, he complained of back and left leg pain. Again, this is reiterated in notes from November 1995 when the claimant had complaints of back and left leg pain. He underwent MRI scanning of the lumbar spine which showed multi-level degenerative disc disease and also facet arthropathy at L4-5 and L5-S1. Mild anular bulging was noted at the L3-4 levels and the L5-S1 levels with no significant foraminal or central canal stenosis. The L4-5 level showed a small right-sided protrusion into the exit foramen at the L4-5 level. The claimant underwent electromyogram /nerve conduction velocity studies in November of 1996 that showed no evidence of a lumbar radiculopathy. The claimant again had MRI scanning done in October of 1999 with no significant difference seen. The claimant was lost for follow up between June of 2000 and August of 2003 from the notes that I have. Upon returning to care in August of 2003 the claimant still had complaints of back pain but now had new complaints of pain within his right hip area. In the interim the claimant had undergone coronary bypass grafting and had developed a staff infection according to the notes from his treating physician.

Requested Service(s)

Epidural injections at the right L4-5 and right L5-S1 foramen.

Decision

I agree with the insurance carrier that these epidural injections are not medically necessary.

Rationale/Basis for Decision

The claimant injured himself in _____. Imaging studies which include x-rays and MRI's of the lumbar spine have shown multi-level degenerative changes of the intervertebral discs and facet joints. Patient has had conservative care, including a series of epidural injections around August of 1996, that has not provided any long term relief of his symptoms. His current complaint is mostly pain across the low back. I agree with his requesting doctor's diagnosis of "degenerative disc and joint disease of the lumbar spine" (from note dated Oct. 15, 2003). Epidural steroid injections are unlikely to cause long term pain relief for degenerative discs and are not appropriate for treatment of facet joint degenerative changes. In conclusion I feel it is not medically necessary to perform epidural steroid injections in this case as they are highly unlikely to provide any significant long term relief of the symptoms suffered by the patient due to degenerative discs and facet joints.

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.