

NOTICE OF INDEPENDENT REVIEW DETERMINATION

MDR Tracking Number: M2-04-0224-01
IRO Certificate Number: 5259

November 17, 2003

An independent review of the above-referenced case has been completed by a medical physician 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 Texas Medical Foundation, 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 ____.

Sincerely,

CLINICAL HISTORY

This is a lady who sustained a cervical spine injury. The treatment was conservative and there was identification of a disc lesion. This came to a surgical intervention. Post-operatively, there were a number of pain management interventions, to include trigger point injections, epidurograms and several trials of ESI. The last set of ESI lasted only hours, indicative of the local anesthetic.

REQUESTED SERVICE(S)

Epidural Steroid Injections, times 3, at the C5/6 and C6/ levels.

DECISION

Denied.

RATIONALE/BASIS FOR DECISION

As noted in the August 26, 2003 request for reconsideration provided by the requestor, the changes in the cervical spine are multi-level and degenerative. There is an encroachment at the C5/6 level; however, the changes are noted and the key point is that prior trials of ESI have had a less and less efficacy. So much so, that the last injection had a positive effect for only several hours. There is no clear clinical indication for another trial of ESI.

The requestor cited the Spine Treatment Guidelines; however, those guidelines have been withdrawn some time ago. The citation from NASS is correct for the overall treatment of the spine. However, with the statutory caveat that treatment be limited to the reasonable and necessary care of the injury, and that the progress notes provided note only a declining efficacy of the injections and that ESI's have been tried three times in the past; this request is not reasonable and necessary care for the injury.

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 17th day of November, 2003.