

November 13, 2003

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M2-04-0264-01

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The ___ IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to ___ for independent review in accordance with this Rule.

___ has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing physician on the ___ external review panel. The reviewer has met the requirements for the ADL of TWCC or has been approved as an exception to the ADL requirement. This physician is board certified in anesthesiology. The ___ physician reviewer signed a statement certifying that no known conflicts of interest exist between this physician and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to ___ for independent review. In addition, the ___ physician reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a 46 year-old female who sustained a work related injury on ___. The patient reported that while at work she slipped and fell while in the office and injured her right shoulder and hip. The patient underwent a MRI of the cervical spine on 6/13/97 that indicated broad based disc bulging at the C4-5 and C6-7 levels, disc protrusion at the C5-6 levels. A MRI of the lumbar spine on 7/15/97 indicated and minimal circumferential disc bulge associated with tiny anterior and broad based posterior osteophytes at the L3-4 level. The patient also underwent an MRI of the right shoulder on 3/3/98. The diagnosis for this patient have included post-traumatic impingement syndrome, right shoulder, right paratrapezial myofascial pain syndrome, s/p anterior cervical fusion, post-traumatic greater trochanteric bursitis, right hip. The patient underwent a anterior cervical discectomy with removal of pseudoarthrosis, fusion with right iliac crest bone graft and plating with 25mm plate at the C5-6 level. Further treatment for this patient has included physical therapy, medications and injections.

Requested Services

Right PSOAS block with Botox under fluoroscopy and 5 Botox chemode neervations injections with EMG guidance.

Decision

The Carrier's denial of authorization for the requested services is upheld.

Rationale/Basis for Decision

The ___ physician reviewer noted that this case concerns a 46 year-old female who sustained a work related injury to her right shoulder and hip on ____. The ___ physician reviewer indicated that the patient underwent an MRI of the cervical spine on 6/13/97 that showed broad based disc bulging at the C4-5 and C6-7 levels and disc protrusion at the C5-6 level. The ___ physician reviewer also indicated that a MRI of the lumbar spine from 7/15/97 showed minimal disc bulge associated with a tiny anterior and broad based posterior osteophytes at the L3-4 level. The ___ physician reviewer noted that the patient underwent an anterior cervical discectomy with removal of pseudoarthrosis and anterior cervical fusion and plating at C5-6 in 1997. The ___ physician reviewer also noted that the current diagnoses for this patient include cervical disc disease s/p cervical fusion, post-traumatic impingement syndrome, myofascial pain syndrome, post-traumatic bursitis and depression. The ___ physician reviewer explained that the patient has been treated with therapies that included medications, physical therapy, and multiple injection therapy (epidural steroid injections, trigger point injections, previous psoas compartment block). The ___ physician reviewer indicated that the patient continues to complain of neck and back pain with evidence of trigger points on exam. The ___ physician reviewer explained that there is no evidence of radiculopathy on exam or in the objective imaging studies that have been obtained. The ___ physician reviewer indicated that the patient had received the requested procedure previously. However, the ___ physician reviewer explained that the patient continued to complain of significant back pain, leading to further testing and a recommendation for IDET. Therefore, the ___ physician consultant concluded that the requested right PSOAS block with Botox under fluoroscopy and 5 Botox chemodectoma injections with EMG guidance is not medically necessary to treat this patient's condition at this time.

This decision 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)** days of your receipt of this decision. (20 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)** 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. (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing should be sent to:

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

A copy of this decision should be attached to the request.

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute. (Commission Rule 133.308(t)(2)).

Sincerely,

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 13th day of November 2003.