

January 12, 2004

Re: MDR #: M2-04-0282-01
IRO Certificate No.: 5055

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to ___ for an independent review. ___ has performed an independent review of the medical records to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is Board Certified in Chronic Pain Management.

Information Provided for Review:

Correspondence.
H&P and office notes.

Clinical History:

This male claimant sustained a back injury on his job on ____. Over the course of the past many months, he has apparently continued to have low back pain with radiation into the hips and buttocks. There has been no indication of frank lower extremity radicular components. MRI evidence demonstrated a small L5-S1 disc bulge.

Disputed Services:

Right and left lumbar facet block w/sacroiliac joint injections.

Decision:

The reviewer partially agrees with the determination of the insurance carrier. The right and left lumbar facet block injections are medically necessary. The sacroiliac joint injections are not medically necessary in this case at the present time.

Rationale:

After longstanding back pain issues with limited radiation into the hip and buttock regions, it is entirely possible that those problems issue from lower lumbar facet disruption and/or unilateral or bilateral sacroiliitis. In this case, bilateral lower facet injections may indeed be instrumental in helping to localize the source of the claimant's continued pain problems. However, the reviewer does not agree with performing facet injections and bilateral sacroiliac joint injections simultaneously.

Any of one of these conditions may result in the symptoms complained of, or an overlay of any or all of them. A logical spine pain generator workup should address each area independently of the other to determine the degree of pain issuing from each source, or the lack of pain issuing from each suspected source.

Additional Comments:

The reviewer further suggests that after facet joint injections are done and evaluated, the patient be considered for sacroiliac joint injections for a full spine pain generator workup. This latter suggestion may be amended if the first series of facet joint injections locate 100% of this claimant's pain problem.

I am the Secretary and General Counsel of ___ and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this care for determination prior to referral to the Independent Review Organization.

We are simultaneously forwarding copies of this report to the payor and the Texas Workers' Compensation Commission. This decision by ___ is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of this 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 ten (10) days** of your receipt of this decision (28 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 twenty (20) days** of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you **five (5) 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
Texas Workers' Compensation Commission, MS-48
7551 Metro Center Dr., Ste. 100
Austin, TX 78744-1609

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.

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 January 12, 2004

Sincerely,