

## NOTICE OF INDEPENDENT REVIEW DECISION- AMEND

**Date:** November 24, 2003

**RE: MDR Tracking #:** M2-04-0292-01  
**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 Physical Medicine Rehabilitation Specialist/Chiropractic physician reviewer who is board certified in Physical Medicine and Rehabilitation and has ADL certification. The Physical Medicine Rehabilitation Specialist/Chiropractic 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 is a 5'3" 160 pound obese 31 year old female with a date of injury of \_\_\_\_\_. It appears that on her date of injury she tripped and fell over boxes causing her to fall and land on her left side. She did strike her head, but did not lose consciousness. She was evaluated in the emergency room and released. She has been treated for persistent lower back pain, leg pain and numbness since this fall. She has had physical therapy 3 times per week for 3 weeks initially after this injury with no help. She has done sessions of conditioning. She saw \_\_\_\_\_ who performed an epidural steroid injection. She was following then with \_\_\_\_\_, chiropractor, who was giving her chiropractic manipulation, passive modalities and a home exercise program. MRI was performed showing a broad based disc herniation at L4/5 with material extending at least 3mm beyond the vertebral body margins. There was internal disruption of the disc as well as anterior spondylosis, a milder degenerative change was seen at L5/S1 with posterocentral bulge. She had relatively severe multifactorial narrowing of the left intravertebral foraminal at L4/5 with milder changes on the right at this level. She was referred to \_\_\_\_\_ who has requested 3 manipulations under anesthesia. In his letter he states she has scar tissue that is restricting her range of motion. I find no evidence that this claimant has had any back surgery.

### **Requested Service(s)**

Three manipulations under anesthesia of the lumbosacral and sacral spine with intra-articular injections to the sacroiliac joints bilaterally.

### **Decision**

I agree with the insurance carrier that the requested intervention is not medically necessary.

### **Rationale/Basis for Decision**

After review of the records that have been provided and the letter by \_\_\_\_\_, it is my opinion that manipulation under anesthesia for scar tissue restricting this claimant's range of motion and injection therapy would not be of a prolonged, lasting benefit.

Manipulation under anesthesia would be of questionable efficacy in this claimant's clinical picture. It is my opinion that if injection therapy is to be considered in this claimant, that this should be performed by a pain management physician who is specialized in this area and board certified in this area.

I would maintain the carrier's position. I feel that manipulation under anesthesia for scar tissue that is claimed to be present is not the standard of care for the complaints this claimant is expressing and there is a question of any lasting long term benefit in regard to scar tissue.

### **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.