

## NOTICE OF INDEPENDENT REVIEW DETERMINATION

MDR Tracking Number: M2-04-0293-01

November 17, 2003

An independent review of the above-referenced case has been completed by a medical physician board certified in neurosurgery. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by \_\_\_\_, 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 \_\_\_.

### Notice of Independent Review Determination

#### CLINICAL HISTORY

This is a 31-year old woman who was injured in \_\_\_\_. The details of that injury are not included in the chart. However, she stated that she had both neck and low back pain. She was evaluated by orthopedic surgeons and ultimately pain management physicians with various diagnoses including cervical and lumbar radiculopathies. It was recommended that she have conservative management. She did have a single epidural injection to the lumbar spine and, as the patient describes, has had approximately a 50% reduction in her symptoms which lasted approximately two weeks. Unfortunately, the patient did not have the typical response following epidural injections and was treated only with physical therapy.

She has now been referred to \_\_\_ for management of both the neck but more importantly, the low back pain, and \_\_\_ has recommended another epidural injection. She has also been followed by an orthopedic spine surgeon who has recommended that she have a discogram with an eye towards fusion.

#### REQUESTED SERVICE(S)

Lumbar epidural steroid injection.

## DECISION

Approve procedure.

## RATIONALE/BASIS FOR DECISION

While the science for epidural injections is quite murky, there are certain people who will respond to epidural injections. As this patient has already had one and found that she had a reduction in her back and leg pain for approximately two weeks, it would be quite reasonable to repeat that procedure, and in fact, the more classic treatment is to have a series of three.

The reason for this is actually quite simple. This patient is currently being considered for a lumbar fusion secondary to the lumbosacral disc bulgings that have been found on her cross-sectional imaging studies. This is not a procedure to entertain lightly and every form of conservative management, i.e. non-surgical, should be pursued before this patient is strongly considered for a spine fusion. This patient has also proven that the epidural injections help her and it is the appropriate course of treatment to see if her symptoms can be alleviated in the least invasive manner possible.

## **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 20<sup>th</sup> day of November 2003