

NOTICE OF INDEPENDENT REVIEW DECISION

Date: December 1, 2003

RE: MDR Tracking #: M2-04-0327-01
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 an Anesthesia/Pain Management physician reviewer who is board certified in Anesthesia/Pain Management. The Anesthesia/Pain Management 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 individual was injured on ___ after slipping down some stairs at work. Since that time she has had back and knee pain with radiation of the pain into her legs to her feet. Chiropractic care has been rendered. An MRI has a minimal bulge at L4/5 with a small tear and a small protrusion at L5/S1 without neural compromise. The claimant also notes some numbness in her feet. Electrodiagnostic studies have been unremarkable. There is an indication in the record that lysis of adhesions is requested. There is no indication that the claimant has had previous lumbar surgery. ___, a neurosurgeon, is requesting lumbar epidural steroid injections.

Requested Service(s)

Two lumbar epidural steroid injections

Decision

I disagree with the insurance carrier and find that the requested service, lumbar epidural steroid injections (series of 2), without lysis of adhesions, is medically necessary.

Rationale/Basis for Decision

Even though the MRI has minimal findings of disc degeneration, disc tear and small herniation the claimant has symptoms compatible with radiculitis in the leg. She has not responded to conservative care. Therefore it is reasonable to perform a series of 2 lumbar epidural steroid injections. It is not reasonable to perform the Racz procedure (lysis of adhesions) since the claimant has not had previous lumbar surgery.

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.