THIS DECISION HAS BEEN APPEALED. THE FOLLOWING IS THE RELATED SOAH DECISION NUMBER:

SOAH DOCKET NO. 453-04-2704.M2

NOTICE OF INDEPENDENT REVIEW DECISION

December 17, 2003

RE: MDR Tracking #: M2-04-0380-01
IRO Certificate #: IRO 4326

___ 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 ___ physician reviewer who is board certified in pain management which is the same specialty as the treating physician. The ___ 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 patient sustained a back injury on ___ while shoveling snow. He felt a pop and sharp pain that radiated into his right lower extremities. He was placed on muscle relaxant, narcotic, and anti-inflammatory medications. He saw a pain management physician and underwent numerous procedures and injections including lumbar facet joint, lumbar spinal nerve root, bilateral rhizotomies, lumbar epidural steroid, 3-level discogram and intradiscal thermal annuloplasty bilaterally (IDET), all from T12 to S1 at various times.

Requested Service(s)
Bilateral L1-S1 lumbar facet nerve joint blocks

Decision
It is determined that the proposed bilateral L1-S1 lumbar facet nerve joint blocks are not medically necessary to treat this patient's condition.

Rationale/Basis for Decision
There is not enough information in the medical records provided to indicate medical necessity for facet injections. The patient has undergone facet blocks on 04/15/99, 10/18/00, 12/04/00 and subsequent rhizotomy on 12/13/00. There is no information in the records to indicate the benefit of the injections.

If a rhizotomy was done, there is no reason for more facet blocks to be performed. Multiple other procedures have been performed including intradiscal thermal annuloplasty bilaterally (IDET), nerve root blocks, rhizotomy of the sinuatrial nerve and posterior longitudinal ligament, and epidural steroid injections.

Facet blocks are currently used for patients with low back pain who have not responded to directed conservative care for at least four weeks. North American Spine Society Guidelines (phase III) recommended facet blocks to facilitate active treatment or to assess the possibility of facet neurotomy. Therefore, it is determined that the proposed bilateral L1-S1 lumbar facet nerve joint blocks are not medically necessary.

This decision by the IRO 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) 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 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, Fax: 512-804-4011.

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in this dispute.

Sincerely,

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 17th day of December 2003.