

April 9, 2004

Re: MDR #: M2-04-0385-01
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.

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.

The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is certified in Anesthesiology and Pain Management and is currently listed on the TWCC Approved Doctor List.

REVIEWER'S REPORT

Information Provided for Review:

Correspondence
History & physical exam and office notes
Physical therapy notes
Operative and radiology reports

Clinical History:

The patient is a 25-year-old male with low back pain after an apparent work-related injury with a T11-T12 herniated disc and subsequent cord compression. The patient underwent a T10 thoracotomy with a T11-T12 discectomy and anterior fusion with hardware on 3/17/03. Earlier, thoracic epidural steroid injections had been performed with good results. The patient's chiropractor consistently notes muscle spasms in the thoracic and lumbar area with localized tenderness in his June through July of 2003 examinations. The patient is noted to have increased low back pain on 9/5/03 in a visit where no abnormal physical findings were noted. The symptoms are stated to be greater than left radicular symptoms. Degenerative disease of the lumbar spine is noted as a diagnosis. An MRI dated 12/28/01 notes L5-S1 disc protrusion without compromise of the foramen or canal. A lumbar myelogram with CT on 3/14/02 demonstrates a 2-mm central bulge at L5-S1 that does not compress the nerve root. Plain films of the lumbar spine dated 3/17/03 are noted to be normal. The lumbar spine x-rays of 6/4/03 show maintained disc heights and no spondylolisthesis. No significant degenerative changes are noted in this lumbar spine examination.

Disputed Services:

Lumbar ESI injections X3

Decision:

The reviewer agrees with the determination of the insurance carrier and is of the opinion that lumbar ESI injections X3 are not medically necessary in this case.

Rationale:

This patient may have a lumbar radiculopathy, but the available and reviewed documents do not support the diagnosis. The MRI, myelograms, and plain film examinations provide no support for nerve root compression, canal compression, or degenerative disease. No physical findings suggestive of lumbar radiculopathy are available in the reviewed records. The only abnormal physical findings are lumbar muscle spasm and tenderness. Perhaps, a carefully documented physical exam or repeat radiologic studies will support the diagnosis of lumbar radiculopathy. With this support, the benefit of lumbar epidural steroid injections can be supported and the treatment plan justified.

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 April 9, 2004

Sincerely,