

December 15, 2003

Re: MDR #: M2-04-0411-01
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.

The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is Board Certified in Pain Management.

Clinical History:

The patient is a 35-year-old male who was injured on the job on ___ and he felt soreness in his back. MRI indicated he has degenerative disease as well as disk bulging at L3-4, L4-5, and L5-S1. He has already had one facet injection at L5-S1 bilaterally, and he has had a series of caudal epidural steroid injections done on 06/11/03, 07/01/03, and 07/03/03.

The patient reached MMI on 11/04/03 and was given an Impairment Rating of 10% whole-person.

Disputed Services:

Bilateral lumbar facet injections at L3-4, L4-5, and L5-S1.

Decision:

The reviewer disagrees with the determination of the insurance carrier and feels the services in question are medically necessary.

Rationale:

Each facet has dual nerve innervations and to just inject one facet may not cover the actual medial branch, which is causing the pain for the patient. Bilateral facet injections should be done at L3-4, L4-5, and L5-S1 to cover all of the possible medial branches that may be causing this gentleman pain.

Additional Comments:

The reviewer agrees to the need for one diagnostic block at each of those levels bilaterally, and if a positive response is received, then no further diagnostic blocks need to be done, but more definitive treatment for this patient.

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.

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 December 15, 2003.

Sincerely,