

NOTICE OF INDEPENDENT REVIEW DECISION

Date: February 17, 2004

RE: MDR Tracking #: M2-04-0437-01
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 a Anesthesiology/Pain Management reviewer (who is board certified in Anesthesiology/Pain Management) and who has an ADL certification. 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

The claimant was injured ___. She has pain complaints in the neck and back. She underwent MRI imaging of both the cervical and lumbar spine in October 2000. The lumbar spine showed mild degenerative disc disease at L1/2 and L2/3. At the L1/2 level a small central protrusion was seen impressing the thecal sac with no neurological impingement. At L4/5 a grade I spondylolisthesis with spondylosis was seen. At the L4/5 level, facet hypertrophy was noted. She underwent a myelogram in December 2000 but no significant cord or nerve root compression was identified. In March 2001 the claimant was taken to the operating room and underwent decompression with a posterolateral fusion at L5/S1. Because of continued pain complaints, the claimant was referred to ___. The claimant since seeing ___ has undergone epidural steroid injections in October, November and December 2001 with no significant long term pain relief. She then underwent diagnostic medial branch blocks in February and June 2002 again with no significant long term results. The claimant underwent a discogram showing an abnormality in the L1/2 disc with pain, L3/4 and L4/5 discs were normal without pain. Because of this she underwent an annuloplasty in September 2002. Trigger point injections followed in October 2002 and February 2003. The claimant states her trigger point injections provided the greatest pain relief although this pain relief was short acting and required a Botox injection in May 2003. The claimant to date has continued on oral medications in the form of anti-inflammatories, muscle relaxants and opiate medications but there has been no significant decrease in her medication usage or symptoms with any of the above mentioned procedures. ___ is now requesting a Racz procedure over a 3 day period with fluoroscopic guidance and sedation. This was denied by the carrier for the following reason:

“The clinical literature does not support a clinically significant improvement long term with Racz procedure.”

At follow up office visit in November 2003 the claimant still complained of pain in the back and left leg. Physical exam showed straight leg raise being positive on the left. Deep tendon reflexes were equal bilaterally and motor was 5/5. Sensory exam was not recorded. The claimant was given a diagnosis of bilateral L5 radiculopathy proven by EMG/NCV studies with only the left being symptomatic.

Requested Service(s)

Racz procedure done over 3 days with post Racz procedure exercising.

Decision

I agree with the insurance carrier that the above mentioned services are not reasonable or necessary.

Rationale/Basis for Decision

The original authorization request was denied because of lack of clinical evidence to support the effectiveness of the Racz procedure long term. ___ has provided no significant data to the contrary to support this. Also the claimant has undergone a multitude of different treatment modalities including surgery, physical therapy, oral medications and injections none of which have provided any significant decrease in her symptomatology. It is unlikely that a Racz procedure would provide significant pain reduction long term.

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 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.