

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

December 23, 2003

Re: IRO Case # M2-04-0480

Texas Worker's Compensation Commission:

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule 133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to ___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Neurological Surgery, and who has met the requirements for the TWCC Approved Doctor List or who has been granted an exception from the ADL. He or she has signed a certification statement attesting 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 referral to ___ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the ___ reviewer who reviewed this case, based on the medical records provided, is as follows:

History

The patient is a 47-year old male who in ___ frequently lifted 150 to 200 pounds. On the occasion of developing back pain, the patient was helping to lift a 300 pound object. The patient's back pain persisted despite chiropractic treatment. Lower extremity pain joined the back pain, and the patient underwent lumbar laminectomy with decompression at L4-5 and L5-S1 along with bilateral foraminotomies on 7/11/01. Now the patient has left lower extremity discomfort along with his back pain.

A 1/14/02 MRI showed multiple levels of potential difficulty, but nothing of surgical significance such as disk rupture with nerve root compression.

Requested Service(s)

Lumbar transforaminal ESI and anesthetic block

Decision

I disagree with the carrier's decision to deny the requested treatment.

Rationale

The patient has the general features of lumbar disk disease with radiculopathy and pain of possible discogenic origin, but without anything on imaging that would suggest that a surgical procedure would be a possible means of dealing with the problem. Under these circumstances, epidural steroid injections with nerve block are frequently helpful in dealing with pain. The patient may eventually need a surgical procedure, but at the present time attempting to care for the trouble with the proposed treatment is indicated.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

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.

In accordance with Commission Rule 102.4 (b), I hereby certify that a copy of this Independent Review Organization (IRO) decision was sent to the carrier and the requestor or claimant via facsimile or US Postal Service from the office of the IRO on this 24th day of December 2003.