

NOTICE OF INDEPENDENT REVIEW DETERMINATION

MDR Tracking Number: M2-04-0562-01
IRO Certificate Number: 5259

December 19, 2003

An independent review of the above-referenced case has been completed by a neurosurgeon physician. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by Texas Medical Foundation, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

___ hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to ___.

Sincerely,

CLINICAL HISTORY

The patient is a 42-year-old female who was injured at work on ___ when she rear-ended another school bus. She subsequently developed neck pain with radiation into the left upper extremity with associated numbness and tingling without associated weakness. She has undergone extensive physical therapy with definite but transient relief. MRI 5/20/03 showed disc bulges at C5-6 and C6-7 with minimal indentation of the thecal sac but no stenosis. Electrodiagnostic studies 6/17/03 showed a borderline left C6 radiculopathy. She was referred for cervical epidural steroid injections.

REQUESTED SERVICE(S)

C5-6, C6-7 epidural steroid injections.

DECISION

The requested cervical epidural steroid injections are medically appropriate.

RATIONALE/BASIS FOR DECISION

The patient has cervical disc disease at C5-6 and C6-7 by MRI with radicular symptoms radiating into the left upper extremity. She also has nerve conduction evidence for a left C6 radiculopathy. While the value of cervical epidural steroid injections has not been sustained in a large controlled clinical trial, it is well within the accepted treatments for cervical radiculopathy. It may provide lasting relief in some patients who are not surgical candidates.

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 (20 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 **20** (twenty) calendar days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a 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

Or fax the request to (512) 804-4011. A copy of this decision must be attached to the request.

The party appealing the decision shall deliver a copy of its written request for a hearing to the opposing party involved in the dispute.

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 22nd day of December, 2003.