

NOTICE OF INDEPENDENT REVIEW DECISION

Date: January 12, 2004

RE: MDR Tracking #: M2-04-0564-01
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 an Anesthesiologist/Pain Management reviewer, who is board certified in Anesthesiology/Pain Management and has 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

This claimant injured herself on ___. She was helping to lift some bags of groceries when she tripped, falling, landing upon her knees causing pain in her knee and her back. The claimant underwent conservative care with chiropractic care manipulation and myofascial release. She had plain x-rays of the lumbar spine which showed mild degenerative changes. MRI of the lumbar spine done in January of 1999, showed degenerative disc disease at L3-4 with mild facet hypertrophy on the right side at the L5-S1 level. The claimant underwent two epidural steroid injections in July of 1999 and August of 1999 with no significant improvement in her pain complaints. She underwent facet injections in September of 1999, again with no reduction in her pain complaints. The claimant also had a sacroiliac joint injection in November of 1999, again without reduction of symptoms. The claimant also had provocative discography done at the L3-4, L4-5 and L5-S1 levels although abnormalities in the discs were seen, no concordant pain response was solicited at any of the levels. The claimant in April of 2000, had medial branch block at L3, L4 and L5 on the right which provided temporary relief for which she underwent radiofrequency thermal coagulation of these nerves. However, on follow-up she stated only 5-10% reduction in the pain from the procedure. The claimant has been deemed a non-surgical candidate. She has been on multiple medications including Ultram, Ibuprofen, Flexeril, Celebrex, Neurontin, Ambien, Vioxx, Paxil and Darvocet. The claimant has had multiple chiropractic treatments. She has been through a behavioral based chronic pain program and has also had vocational rehabilitation. The claimant did have a second MRI done in August 2003, which showed degenerative disc at L4-5 and L5-S1. No acute herniations were noted. No neurological impingement was commented on.

Requested Service(s)

Her current physician, ___ is requesting for lumbar epidural steroid injections.

Decision

I feel that lumbar epidural steroid injections are not medically necessary or reasonable.

Rationale/Basis for Decision

The claimant has had epidural steroid injections in July and August of 1999 for these same complaints under her worker's compensation claim. There was no significant reduction of her pain with this series of two injections. A recent MRI has demonstrated no significant anatomy change from the previous MRI that would warrant a second trial of epidural steroid injections.

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.