

NOTICE OF INDEPENDENT REVIEW DETERMINATION

MDR Tracking Number: M2-04-0572-01
IRO Certificate Number: 5259

January 19, 2004

An independent review of the above-referenced case has been completed by a medical physician board certified in neurosurgery. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by ___ 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 ___.

CLINICAL HISTORY

This is a 49-year-old woman who is status post an L3-S1 interbody fusion supplemented with pedicle screws performed in August of 2000. She apparently had a post-operative infection which was debrided approximately a month later and, as far as from an infection standpoint, she has done fairly well from that point forward. Unfortunately, she has not seen much in the way of relief of low back pain. In fact, the chart notes state that she is requiring non-steroidal anti-inflammatory agents, muscle relaxants and Vicodin for continued functioning. One of the notes in the chart from September of last year indicates that the patient is currently considering an elective hardware removal. However, on September 10, 2003, ___ has recommended that she have lumbar epidural steroid injections x3 is this is the disputed service.

REQUESTED SERVICE(S)

Lumbar epidural steroid injections x3.

DECISION

Lumbar epidural steroid injections are appropriate for this particular case.

RATIONALE/BASIS FOR DECISION

This 49-year-old woman has been passed from physician to physician, starting with pain management physicians, moving on to surgeons and then back to pain management physicians and orthopedic surgeons. This is impairing her ability to recover from this surgical procedure.

Standard of care dictates the first treatment for low back pain, be it post-surgical or idiopathic, is to increase the patient's physical activity as the majority of low back pain can be effectively treated with reconditioning. However, any impediment to that reconditioning must be addressed. Certainly ___ is experiencing a fair amount of pain, and it appears to be sufficient to prevent her from exercising the underlying problem away. Therefore, any reasonable procedure that is aimed towards attenuating that pain would be reasonable. There is acknowledgement to the previous reviewer's comments that this patient does not have any radicular-type symptoms or neurologic deficits, but would counter that these are not the only situations in which epidural steroid injections are used. In fact, the majority of the patients who receive epidural steroid injections are, in fact, suffering from chronic low back pain. The only twist here is that this patient is post-op. Concurrent with these epidural steroid injections, standard practice would suggest an aggressive physical reconditioning program, something that has not been detailed in the chart.

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 21st day of January 2004.