

NOTICE OF INDEPENDENT REVIEW DECISION

February 2, 2004

RE: MDR Tracking #: M2-04-0648-01
IRO Certificate #: IRO4326

___ 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 ___ physician reviewer who is board certified in anesthesiology which is the same specialty as the treating physician. 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 patient sustained an injury on ___ while unloading boxes from a truck. He reported pain in the lumbar area and eventually underwent a left laminectomy at L3-4 on 02/10/03. He has been seeing a chiropractor for post operative treatment and therapy and was referred to a pain management specialist due to continued back pain. The patient had right lumbar facet and sacroiliac joint injections on 09/24/03 with reported 30% relief.

Requested Service(s)

Left lumbar facet and left sacroiliac joint injections

Decision

It is determined that the left lumbar facet injection is medically necessary to treat this patient's condition. However, the left sacroiliac joint injection is not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The provider's dictation from 09/11/03 states the pain is non-radicular and axial. It also states that the facet blocks are to be done in conjunction with active rehabilitation. Facet blocks are currently used for patients with low back pain who have not responded to direct conservative care for at least four weeks.

North American Spine Society Guidelines (phase III) recommended facet blocks to facilitate active treatment or to assess the possibility of facet neurotomy (*Unremitting low back pain. In: North American Spine Society phase III clinical guidelines for multidisciplinary spine care specialists*). North American Spine Society. Unremitting low back pain. North American Spine Society (NASS); 2000. 96p). Medicare guidelines recommend facet blocks in patients without strong radicular components.

However, it should be noted that multiple injections, such as combinations of facet blocks and epidural steroid injections or selective nerve root blocks or sacroiliac blocks, usually lead to improper diagnosis or unnecessary treatment. Therefore, approval of sacroiliac injections is not recommended if facet blocks are being done. In addition, there is not justification as to why one sided blocks are being performed when both sides could be done at the same time. Therefore, it is determined that the left lumbar facet injection is medically necessary. However, the left sacroiliac joint injection is not medically necessary.

This decision by the IRO is deemed to be a TWCC decision and order.

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 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, Fax: 512-804-4011.

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in this dispute.

Sincerely,

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 2 nd day of February 2004.
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