

January 27, 2004

MDR Tracking #: M2-04-0664-01

IRO #: 5251

___ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this 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, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Doctor of Osteopathy with a specialty and board certification in Anesthesiology. The reviewer is on the TWCC Approved Doctor List (ADL). The ___ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors 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 the dispute.

CLINICAL HISTORY

___ was injured on ___ while driving a ___ van to pick up a client. According the medical records of ___ dated 10/24/03, she slowed the van for a speed bump and felt an impact from behind, pushing her over the speed bump. The patient felt shaken up, but the next morning had pain in her body. She was seen at ___ where x-rays were done and she was given medications. She complained of pain that radiated from her neck down to her lower back. After three sessions of physical therapy, she presented to ___ with neck, mid and low back pain. A lumbar MRI performed on 10/15/03 demonstrated mild degenerative facet changes bilaterally from L2/3 through L4/5, as well as mild to moderate facet arthropathy at L5/S1 combined with disc degeneration at that level. ___ indicated the patient was taking ibuprofen and Zanaflex. He noted the patient's height to be 66 inches and her weight to be 240 pounds. On physical examination, there were no focal findings of lumbar tenderness or specific losses of range of motion. Electrodiagnostic studies were performed demonstrating mild to moderate right C4 radiculopathy but no evidence of lumbar radiculopathy in either lower extremity.

On 10/30/03, ___ referred ___ to ___. He documented her lumbar pain increased with extension and with prolonged sitting, standing or walking. Physical exam demonstrated nonspecific global tenderness over all of the facet joints in the lumbar spine but no focal findings. ___ recommended the patient to undergo diagnostic medial branch block bilaterally from L3 through S1. Two different physician advisors recommended non-authorization of the procedure.

On 12/5/03, this patient was seen by ___ with complaints of neck and back pain. His history, however, focuses primarily on her neck and upper extremity symptoms, only peripherally mentioning back pain. A physical examination of the lumbar spine demonstrated no findings of facet tenderness or pain, no focal findings of pain with extension or lateral extension, and normal neurologic exam of the lower extremities. The patient's weight was now noted to 246 pounds. ___ recommended further studies of the cervical spine, but no specific treatment recommendations were mentioned for the lumbar spine.

REQUESTED SERVICE

Bilateral facet injections from L3 through S1 are requested for this patient.

DECISION

The reviewer agrees with the prior adverse determination.

BASIS FOR THE DECISION

According to ___ history of the patient's injury, she sustained, at most, a mild bump to the back of her car, not a significant trauma. There is no other data regarding the severity of the trauma to refute this scenario. None of the physical examinations from multiple physicians demonstrate focal facet findings, only nonspecific, nonfocal global facet tenderness or no tenderness at all. The MRI evidence of facet arthropathy from L2/3 through L5/S1 is a condition associated, in all medical probability, with the patient's morbid obesity. Any exacerbation of symptomatology due to the mid lumbosacral strain that may have occurred on 7/27/03 would have been expected to resolve in no more than eight weeks with medication and active exercise physical therapy. There is no medical necessity for performing "diagnostic" facet injections bilaterally at four different levels. This type of "shotgun approach" is not diagnostic and cannot provide any valid information regarding the possibility of a pain generator, which is the rationale provided by ___ in his letter of medical necessity dated 11/20/03. Diagnostic block, by its very nature, is a focal injection performed on a single potential pain generator to determine if pain is relieved by that injection, thereby confirming the pain generator.

Performing eight different medial branch blocks does not in any way constitute a "diagnostic" effort. Moreover, it is neither medically reasonable or necessary to perform diagnostic facet blocks to treat the lumbosacral strain injury of ___, as the lumbar facet pathology seen on MRI is clearly of a pre-existing degenerative nature due solely to the degenerative process of life. Therefore, since there is no physical exam evidence of focal facet pathology, clear objective evidence of pre-existing lumbar facet arthropathy due to the degenerative process of life, and no valid diagnostic value to eight different medial branch blocks, the request for bilateral fact injections from L3 through S1 is not medically reasonable or necessary as related to treatment of the 7/27/03 compensable event.

___ has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. ___ has made no determinations regarding benefits available under the injured employee's policy.

As an officer of ____, I certify that there is no known conflict between the reviewer, ____ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

____ is forwarding by mail and, in the case of time sensitive matters by facsimile, a copy of this finding to the treating doctor, payor and/or URA, patient and the TWCC.

Sincerely,

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.

I hereby certify, in accordance with TWCC Rule 102.4 (h), that a copy of this Independent Review Organization decision was sent to the carrier, requestor, claimant (and/or the claimant's representative) and the TWCC via facsimile, U.S. Postal Service or both on this 27th day of January 2004.